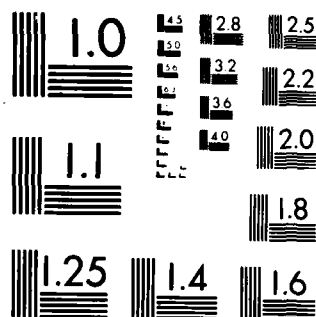


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PROJECTED MANPOWER REQUIREMENTS:  
IDENTIFYING STAFFING REQUIREMENTS  
FOR OPERATING THE NEW COMPOSITE MEDICAL FACILITY  
AT THE USAF MEDICAL CENTER, WRIGHT-PATTERSON  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO

A Thesis Submitted to  
The Faculty of the Graduate Program  
In Hospital and Health Administration  
In Partial Fulfillment of the Requirements for a  
Master's Degree in Hospital and Health Administration

By

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September 1936

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## CHAPTER I

### INTRODUCTION

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Today, health care finds itself in a highly competitive environment. This is principally a result of the federal government's implementation of the prospective payment system for Medicare hospitalization reimbursement. Other payors, be they commercial insurers or employers with large self-insured health benefit programs, have placed external pressures on the health care industry to reduce costs. These pressures have caused hospitals to concentrate on efficiencies and productivity efforts within their traditional concept of operations to combat declining occupancy rates and shrinking lengths of stay. The initial successes of for-profit hospitals and the entry into the market place of a variety of alternative health care delivery systems have produced even greater incentives for hospitals to deliver health care services at a more reasonable price--one which purchasers of health care are willing to pay. <

Concurrent with the competitive pricing environment is the equally challenging demand to deliver quality health care measured by advanced medical technology and competent medical staff. Not only does the public expect quality health care at a fair price; they also expect health care services to be delivered in a friendly, compassionate manner with amenities conveying comfort and quality.

Expectations for the military health care delivery systems



are equally high. As each service manages its own health care system, military medicine is under close scrutiny to provide health care in an equally cost conscious manner and is often measured for quality using esthetic appearance, technological capabilities, and the qualifications of medical staff as indicators. Changes in medical technology, military missions and medical practices have exerted enormous pressures on existing military medical facilities to support sustained high levels of care at reasonable costs. The greatest long term issue facing the military medical services, aside from its wartime readiness posture, has been a need to deliver quality care.

In response to these pressures, the United States Air Force (USAF) Medical Service commenced a multimillion dollar renovation and alteration of its medical center at Wright-Patterson Air Force Base (AFB) located near Dayton, Ohio in 1982. This medical Military Construction Program (MCP) was designed to double the size of the institution and to provide a facility capable of delivering the leading edge in military medicine.

Due to past budgetary constraints, manpower planning for the Wright-Patterson facility has been hindered in developing staffing forecasts for operating the new composite medical facility once construction is completed in 1983. Thus, the purpose of this study is to answer the question of what staffing requirements are needed to deliver outpatient and inpatient

health care in the new facility. In doing so, this management study will focus on reviewing current literature dealing with manpower planning and forecasting, on discussing the external and internal environment that this USAF medical center faces today, on discussing alternative solutions to the staffing problems confronting the medical center as well as the methodology used to determine a staffing projection, and finally, a presentation of the recommended manpower requirements for the completed health care institution.

## CHAPTER II

### REVIEW OF RELATED WORK

Whether examining the manpower requirements for an entire multi-institutional system or a single hospital, health care executives have continuously sought ways to provide the optimum human resources for delivering patient care. Regardless of the economic environment that health care finds itself in, the challenge for management remains to achieve the optimum staffing levels necessary for effective daily operations (Pakchar, 1983).

Today, increases in competition among civilian hospitals have caused many institutions to assess manpower requirements seeking ways to reduce costs, yet deliver quality health care, build morale, and improve productivity. Assessing the organization to determine the adequacy of staffing authorizations is a key element in the review process. This assessment must consider both skill and knowledge levels of required staff and associated labor costs (Arni, 1983).

The Joint Commission on the Accreditation of Hospitals (JCAH) places great emphasis on the staffing issue, too. Today, the JCAH accreditation process examines staff to assure it is "commensurate with the anticipated needs of patients and the scope and complexities of services offered." As a fundamental standard, appropriate staffing is a key requirement in the accreditation decision process for the JCAH (1986, p. 1,2).

Since health care is experiencing dynamic changes in the

competitive marketplace, there is a strong impetus for justifying enhanced, definitive approaches to medical manpower planning. To bring about changes in manpower requirements, executive management must use planning approaches that meet the challenge for innovation, yet utilize sound business practices. According to Lyons (1979), management should concentrate on:

- o Examining current manpower authorizations to identify a staffing mix in terms of work experience and qualifications.
- o Examining strategic plans which need human resources to successfully attain goals and objectives.
- o Identifying human resource requirements to meet business strategies.
- o Developing a manpower plan to meet those business intentions.

Pakchar (1983) adds that a practical manpower plan should span the entire period of projected growth, often five to ten years.

To provide a more definitive structure in manpower planning, health care institutions are viewing human resource management via the systems approach to management. Since a system is a linking of interrelated and interdependent components having a facilitating effect on the carrying out of a process, the system in health care is the medical institution and the subsystem of the institution is human resource management.

Torrez (1983) illustrated the systems approach to staffing using a 500-bed acute care teaching hospital as a model

(Appendix A.) Under this conceptual approach, the institution can be also viewed as a socio-technical system with a flow and process consisting of services, facilities, technology, manpower, and resources. Bearing in mind that a process is an identifiable flow of events moving toward some goal, manpower planning becomes the process and staff, then, becomes an input into the process of delivering health care. Under closer examination, Torrez (1983) maintains that the patient acuity system is another process utilizing the quality and quantity of staff to meet patient care needs. Thus, manpower planning requires an ever constant vigil and should be managed as a dynamic process.

Regardless of approach, more and more managers are looking for ways to optimize the use of their most important resource -- people. Since the operating costs of hospitals are dominated by salaries, wages and benefits; managers are looking to comprehensive human resource management as a system for solving the impact staffing has on the cost of care. Solutions to these challenges have used projections based on historical data, on comparative statistical data, on models and simulations, or on professional advice (Mackley, 1984). Pakchar (1983) points to significant problems associated with using unaltered historical data exclusively to predict future manpower needs in the changing environment health care institutions operate in today. However, historical data can be quite useful when coupled with staff involvement in determining future staffing levels.

But, these activities should be based on professional judgment and provide management with sound justification for manpower authorization adjustments (Fawcett, 1985).

The most frequently used method for predicting future manpower requirements is based on this collective opinion of in-house professionals and practitioners. While it is basically a means for management to synthesize all information available into a qualitative, yet nonquantitative form; it should not be discounted due to its subjectivity. The implicit views and judgments by individuals with experience and insight into the realities of daily operations are invaluable in attaining productive and efficient responses to health care demands (Drandell, 1975).

One technique offered to incorporate this collective opinion into the planning process is manpower value planning (MVP). As a management process to enhance effectiveness and as an approach to justifying manpower, MVP utilizes nominal group decision making to determine the optimum investment in human resources for each of the functions (Fifield, 1974).

In the face of prospective pricing and other economic pressures, hospital departments are turning to tools, such as MVP, to manage staff allocation and the costs associated with staff. The key strategy is to minimize salary, wage and benefit costs while maximizing the productivity of the enormous number of health care personnel required to deliver health care services.

An outgrowth of collective opinion methodologies has been the implementation of flexible staffing policies for health care institutions. Since departments are differentiated by the impact which patient census or visits have on specific department workloads, not all departments are suited for flexible staffing either. However, flexible staffing has proven to be extremely effective in reducing the cost impact of the one area in hospitals which accounts for over half the salaries, wages and benefits paid--Nursing Services. Nursing Services has turned to flexible staffing techniques which can be combined to meet individual hospital staffing needs. In general terms, a core staff of full-time and part-time nurses identified to meet anticipated work is augmented by a flexible staff when workload exceeds expectations. The flexible staff approach allows such techniques as float pools and squads and incidental staff to minimize the impact Nursing Services has on the hospital budget (Herzog, 1985). Bracken (1985) comments that commitment by executive management and by the hospital staff is essential for successful incorporation of adaptive, or flexible, staffing.

Historically, consultants have been hired to provide the technical service for developing a manpower plan using new methods, such as flexible staffing. As shown above, that role is shifting to the hospital's staff. Consultants are now being used to manage the process, development and design of manpower programs using the expertise of practitioners (Bracken, 1985).

Other functional areas within the health care institution also use flexible staffing. Staffs are increased or decreased whenever significant changes in workload are projected. Projection of that workload can then become the basis for tying workload and staffing requirements together, as in the case of the clinical laboratory. One 360-bed hospital plans to use its historical data on the number of tests performed per patient census to set laboratory staffing levels. They stress that historical data is valuable only if it is used prospectively (Barletta, 1984).

As might be expected, most industries are using automated systems to expedite the processing of vast amounts of data and to compute manpower requirements using a variety of staffing methodologies. With the rapid growth in management information systems in all industries, including health care, executives are looking to decision support systems (DSS) to assist them in containing rising personnel costs. Nutt (1984), in his study of staffing models in hospitals, suggests that decision models must be developed by individual institutions. His rationale was based on the diversity of decision making criteria used by health care executives and on the variety of, and in the incompatibility of, medical information management system designs in individual health care institutions. Also, he concluded that "the lack of overall norms poses a potentially serious problem for cost-containment efforts in health care delivery organizations"



(Nutt, 1984, p. 1013).

While much is written about changes to staffing methodologies for hospitals seeking improved efficiencies in the highly competitive environment, little is said about how manpower standards are developed for new institutions. Shaw (1983) attempted to provide some insight into approaching this challenge by briefly describing a plan to staff a new psychiatric facility in Michigan. Through the apparent use of local labor management standards, Havenwyck Hospital management established manpower requirements developed internally for each department based on fixed and variable hours projected to change with patient census. Starting with higher full-time equivalents (FTEs) and working towards a goal of designated lower FTEs, a staffing plan was prepared for the first 245 days of operation linking the FTEs to average daily census. The manpower plan then became the basis for staff recruitment activities to meet the expected demand when the new hospital opened.

Parkland Memorial Hospital in Dallas, Texas faced a similar challenge as a result of an \$80 million building program. They approached the problem of determining staffing requirements for their new facility by creating a master staffing model. The model was created through the use of commercially developed productivity standards applied to data collected from hospital staff interviews. This resulted in the identification of local staffing standards driven by workload factors to determine FTEs

(Ewing-Juul, 1985).

Since Nursing Services comprise a majority of a hospital's staff, there have been numerous studies conducted in England to develop effective staffing methodologies. The British interest in medical manpower planning seems to be caused by the cost-containment efforts of their government in dealing with the budgetary constraints imposed by their National Health Service. Many of these methodologies use some form of workload method combined with a patient acuity system. Their aim is to identify historical data on the kinds of patients treated and the nursing hours needed to treat specific severities of illness or injury. There seems to be a polarization of opinions as to whether the Aberdeen Nurse Staffing Formula, a patient dependency-based method, or the Telford System, a consultative approach, is best for manpower planning (Mackley, 1984). Because problems have been attributed to these approaches, Fawcett (1985) proposes a three-tier approach which uses professional judgment, a quality monitoring instrument to substantiate this judgment and to maintain standards and a simple dependency rating to provide current information on workload changes.

Although the American federal government has yet to involve itself in providing national health insurance, there are many aspects of medical manpower planning it is involved with. The Bureau of Health Manpower, Department of Health and Human Services, contracted with the University of Florida to develop

design and operational guidelines for manpower in health maintenance organizations (HMOs) or prepaid group practices (PGPs). Specifically, this initiative sought to provide a system for forecasting manpower requirements for ambulatory care services in adult medicine, pediatrics and obstetrics/gynecology. Four models were developed to facilitate planning for these delivery systems, which were, at the time, receiving considerable attention as the government sought ways to encourage cost containment on a national level (Development of Design and Operational Guidelines for Optimum Manpower in HMO/PGP Settings: Volume I Application of Staffing Models, 1977).

On the other end of the spectrum, the Veterans' Administration (VA) has been developing staffing methodologies for their own hospitals for a quarter of century. Illustrating the complexities and changes in managing human resources for health care systems, the VA recently announced new guidelines for what they consider to be appropriate staffing. These guidelines are to be used by executive management in making decisions about manpower authorizations and workload changes. Additionally, the guidelines are intended to develop data bases which will support budgetary requests to Congress. Issues still to be addressed by the VA include development of guidelines for physicians and nurses. The VA has contracted with the National Academy of Sciences to develop physician staffing guidelines. This approach was taken to prevent the "backlash" of criticism expected with

attempting to quantify standards for physicians. The nursing profession presents equally difficult challenges for the VA when developing measured task-oriented standards. To complicate this process, the VA is being pressured by Congress to link staffing with diagnosis-related groups or to centrally manage medical manpower (US Medicine, 1934).

The Department of Defense (DOD) uses a variety of quantitative approaches to determine manpower requirements. Drandell (1975) used a quantitative technique to determine manpower requirements for a federal agency outside health care. In examining the staff authorizations necessary for contract administration at the Defense Contract Administration Services Region in Los Angeles, California, exponential smoothing and regression analysis were used in dealing with fiscal year time periods and manpower projections. He noted, that due to the differences between actual and predictive behavior, quantitative analysis could not stand alone as a method for determining manpower requirements. Drandell concluded that "elements of a subjective nature which could not be determined from an analysis of past history must be included in any final forecasting procedure" (1975, p. 515).

Presently, the USAF Medical Service incorporates manpower engineering standards based on historical workload to staff its medical facilities. These standards provide statistical formula for identifying the manpower authorizations appropriate to a

given functional work area. These manpower standards are then adjusted based on annual historical workload for that given functional area. Thus, the system adjusts manpower authorizations based on increases or decreases in workload (Air Force Regulation 26-1, 1933). However, there are no adjustments for changes brought about by new physical capabilities.

Since this manpower management technique is retrospective in nature, Air Force standards will not necessarily focus on future operating requirements. To prospectively plan military health care provider manpower requirements, the Medical Service will commence using a model called the Provider Requirements Integrated Specialty Model (PRISM). Health care providers are defined under this modeling program as physicians, physician assistants, podiatrists, optometrists, nurse practitioners, nurse midwives, nurse anesthetists, psychologists, social workers, physical therapists, and occupational therapists. Support people such as registered nurses or technicians are not currently incorporated into the model.

The PRISM model has three components. Two of these components, PRISM I and III, will be the basis for future manpower projections included in the President's annual budget submission to Congress. The final component, PRISM II, is a decision support system used to plan medical care provider requirements for each of the USAF medical treatment facilities throughout the world.

Although the most recent application of the PRISM model was to interface medical manpower requirements with Air Force medical facility design or modification projects, this advanced manpower planning tool was implemented well after the new composite medical facility was begun at Wright-Patterson Air Force Base, Ohio (Tufte, 1984).

## CHAPTER III

### THE USAF MEDICAL CENTER, WRIGHT-PATTERSON - PAST AND PRESENT

The United States Air Force Medical Center, Wright-Patterson located at Wright-Patterson Air Force Base is a 352-bed health care institution on the outskirts of Dayton, Ohio. Providing comprehensive inpatient and outpatient care for thousands of military personnel, it will become the second largest hospital in the Air Force when a \$113.4 million renovation and expansion project is completed in 1983. The work will more than double the size of the medical center, from 297,000 square feet to a 657,000 square foot composite medical facility (Hale, 1985).

#### External Environment and Mission Assessment

To provide a valid assessment of the Wright-Patterson Medical Center, this study will focus on the mission, goals, and objectives of the USAF Medical Center, Wright-Patterson. Also addressed will be the background and scope of the MCP; the catchment area for the Medical Center; the population served and the range of services provided by this military medical institution; the array of agencies and institutions with which the Medical Center interacts, and any significant changes over time regarding these factors.

#### Goals and Objectives.

The goals and the mission of the USAF Medical Center, Wright-Patterson, are primarily established by higher

headquarters. The mission statement prescribes that the Wright-Patterson Medical Center provide the medical support necessary to ensure maximum wartime readiness, combat casualty care capability, and to the greatest extent possible, a peacetime health care system for all eligible beneficiaries. This mission includes medical and dental care, environmental health services, occupational medicine, and bioenvironmental engineering services for all personnel assigned, attached or supported by the Medical Center. This Medical Center operates as a military consultant center, as a direct referral hospital and as an area medical center for specific Air Force and DOD regions. This institution also provides training programs for medical, dental, chief nurse, and administrative residencies; for clinical psychology, cardiopulmonary and radiology specialties; and for nurse internships, a physician assistant orthopedic specialty, and medical laboratory training. Other services include hyperbaric medicine, alcohol and drug treatment, and radioisotope services (Air Force Logistics Command Regulation 26-2, 1985).

As for the goals of the Medical Center, they are primarily directed by the USAF Surgeon General and the Air Force Logistics Command Surgeon (AFLC), both comparable positions to corporate executive management acting as the Medical Center's governing body. These established goals are:

- o To continue initiatives to prepare to equip Air Force Medical Service personnel and resources for immediate employment



worldwide to support Air Force operational requirements, during both peacetime and wartime.

- o To implement new programs and enhance others to ensure provision of the best medical care possible.

- o To develop more effective and efficient ways of conducting a comprehensive medical program in the face of day-to-day fiscal constraints.

- o To improve patient perceptions as to the accessibility, availability and quality of medical care provided by Air Force medical organizations.

- o To develop higher standards of personal conduct and integrity for Air Force Medical Service personnel in the areas of responsibility, leadership, accountability, and officership.

The executive management of the Wright-Patterson Medical Center incorporates these goals in the local strategic plan and recognizes that the MCP is an important resource allocation aimed at facilitating the attainment of these goals.

The present medical facility was built to provide total medical and dental care for active duty and retired military personnel and their dependents within a specified Air Force region. Today, the Wright-Patterson facility provides care for approximately 12,500 Air Force, Army and Navy personnel and 45,600 dependents of active duty or retired personnel in the immediate Dayton area. The Medical Center also accepts cases referred from Air Force bases in the northeastern and

north-central United States. Finally, this tertiary care medical treatment facility serves a DOD regional population of almost 400,000 eligible beneficiaries (The Big Picture Management Summary, 1985).

To provide enhanced care for this large geographical region (Appendix B), a construction project for this Medical Center was started in 1982. It was designed to provide necessary alterations, renovations and additions to the main facility, built in the early 1950s, and to consolidate numerous other medical departments geographically separated from the main facility. This \$113 million-plus project was designed in the 1970s to reflect the advances in medical, surgical and dental inpatient and outpatient practices; to affect the changes in applicable technology; and to meet the growth in eligible military patient population.

Prior to construction starting, the main facility encompassed 297,845 square feet of area, 350 nursing beds, a 28-chair dental clinic and outpatient and ancillary services. The old facility was extremely overcrowded and additional mission requirements forced the conversion of certain spaces to other than their originally intended use. A total mix of outpatient and inpatient care could be found on every floor. Office or examination space for various specialties had taken over patient rooms. The location of key ancillary departments, such as cardiac catheterization and radiation therapy, forced the

movement of inpatients to all parts of the facility including the nonpatient areas of the basement. To facilitate the use of space within the Medical Center, several departments and clinics were relocated to remote locations. These moves further compounded the effective management of all Medical Center activities (Sherlock, Smith and Adams, Inc., 1931).

The chief aim of the new construction is to bring all the base medical facilities under one roof (Appendix C). Trends toward outpatient care, advanced treatment and ancillary services, and developments toward major medical training programs at the hospital created a need for more space and improved facilities. The new facility and accompanying modernizations in medical equipment technology will result in improved or new medical capabilities. Laser surgery for cataracts, cardiac catheterization, expanded special care units, and radiotherapy are a few services which will benefit from the new construction. A new computed axial tomography (CT) scanner, a linear accelerator and new special procedure and angiography rooms will accompany this growth.

The new composite medical facility is significantly larger than the present structure, has a different design and is intended to accommodate up to almost 10,000 annual admissions and outpatient visits exceeding 400,000. The difference in design will affect the staffing requirements for the facility. For example, whereas the old hospital has only 5 operating rooms, the

new building has 12 operating rooms, including 2 large rooms for orthopedic surgery and 1 large room specialized for neurosurgery. Also, included are 3 ambulatory operating rooms.

The expanded facilities at the Medical Center will consist of 2 major three-story additions flanking the south wing of the existing hospital. Circular 136-foot diameter turrets in each addition will house the wheel-shaped intensive care and cardiac care units and mechanical operations room. The new hyperbaric pressure chamber, which accommodates 18 persons, is the only one of its kind for patient treatment in the DOD. The bottom floor of the southeast addition provides facilities for mental health, the flight surgeon's office, hyperbaric chamber, and occupational and physical therapy. A 43-chair dental clinic, professional training facilities including a 245-seat auditorium, and a complete renovation of the interior of the existing structure to ensure compliance with appropriate building codes and accreditation standards are also included in the construction. Other improvements will include the implementation of central processing and distribution, advanced management information systems and state-of-the-art communication systems.

As for the southwest addition, it includes an emergency treatment area, records office, outpatient pharmacy and a conglomeration of clinics. A new 185-space parking lot has already been constructed near the clinic entrance. The thorough renovation of the interior and exterior of the Medical Center

will present a new image of military medicine for the local community. The new composite medical facility will represent the latest in medical facility improvements at Wright-Patterson Air Force Base since the first hospital building at Wright Field was completed in October 1917 (Hale, 1985). Indeed, this tertiary care facility will stand well with the major renovations of Dayton community hospitals.

The Wright-Patterson Medical Center interacts with a wide array of agencies and institutions in both the delivery of health care and in functioning as an organization within the Air Force community. Appendix D provides a list of these organizations on Wright-Patterson Air Force Base.

As for the MCP itself, the AFLC Command Surgeon's Office, the USAF Surgeon General's Office, and the DOD played key roles in the strategic process related to enhancing the Wright-Patterson facility.

The approval and appropriations process for all capital expenditures within the DOD and for the Wright-Patterson project were under close scrutiny from Congress, even in the earlier years of the 60s and 70s, and can best be characterized as a period of austerity. As with most programs competing for limited dollars, the Wright-Patterson project advocates were forced to make concessions to gain the ultimate approval and funding necessary to build a new facility. Perhaps the greatest concession was that concerning additional manpower requirements

for providing health care, as envisioned in this new composite medical facility. As a result, no requests for manpower to support the expanded and renovated Medical Center were submitted.

Whether those concessions were correct or not is not an issue as far as this study is concerned. Never-the-less, the changes in health care technology and treatment have significant impact on the delivery of care in the new composite medical treatment facility. It is obvious to the Medical Center's management and staff that additional personnel are needed at all levels if the accessibility, availability and quality of care are to be maintained while minimizing cost increases. These concerns become the basis for studying the manpower requirements for the future occupancy of this altered and renovated military medical institution.

On a national level, there has been great interest shown recently in reducing the cost of care in the military health care systems. During the budget review cycle in the fall of 1984, congressional concern for cost containment was high. While the military system of operations is under continual review from within, the Congress felt it was time for an independent review by a panel of civilians, focusing on the military medical construction program (MCP). Consequently, the Assistant Secretary of Defense (Health Affairs) established such a panel, the Blue Ribbon Panel on Sizing DOD Medical Treatment Facilities. The panel reviewed the criteria for sizing and staffing military

hospitals and recommended numerous actions for improving management policies and medical capabilities.

In a strong showing of support for the panel, the Assistant Secretary of Defense (Health Affairs) was directed to implement the recommendations of the Blue Ribbon Panel without delay. One of the recommendations was to finalize an analytical methodology for sizing and staffing medical facilities under peacetime and wartime conditions (Cerha, 1985). Initiatives of this nature are indicative of the external pressures being exerted to enhance productivity within the military system and to place controls which foster cost effective medical treatment facility construction programs.

Other external pressures impact the Wright-Patterson facility, too. Colonel Bruce D. Wilhelm, USAF, MSC, current Medical Center Administrator, articulated the changes he's seen recently in a February 1986 interview. He pointed to increased JCAH requirements, increased quality assurance and risk management requirements, changes in nursing management concepts, public concerns with the quality of military medicine, and the increasing numbers of patients seeking care as some of the factors challenging Wright-Patterson, today.

#### **The Internal Organization and Management Climate Assessment**

This aspect of the assessment will describe and evaluate the institution's organizational structure with emphasis on understanding the operations, management style and climate of the

organization and significant developments and changes in these factors over time as influenced by the MCP.

As might be expected for a military organization, the Wright-Patterson Medical Center is organized under a functional structure (Appendix E). Such a structure is mandated by Headquarters USAF and facilitates standardization and control for all Air Force organizations (Air Force Regulation 168-4, 1985). This specific structure has proven successful over the years providing the military medical organizations with an approach to span of control and unity of command that is both efficient and effective. The USAF Medical Service is charged with keeping the force healthy and, in instances of disease or injury, returning the military member to duty promptly. The importance chain of command plays in execution dictates a structure responsive to quick and effective vertical communication.

The basic division of the military health care system into administration and professional services clearly delineates control. Administration provides management and leadership for the organization. The professional component is responsible for providing health care services through hospital, dental, aeromedical and other professional activities. Unity of command is also clearly defined under this functional design. For the most part, lines of authority are vertical. With the commencement of construction at Wright-Patterson, the local administration has added the Development Directorate to improve



control, conflict management resolution, and communication in matters dealing with the renovation and alteration of the existing facility.

As for the management style at the Medical Center, it is principally influenced by the primary mission of the military--defense of the country. For this reason, management style, even in the military medical institution, is subtly attuned to task orientation. Nevertheless, senior health care executives embrace innovative leadership and managerial philosophies in practice in the private sector. The application of such strategies and tactics are employed when the operational aspect of military health care allows participatory management and other people-oriented activities.

The major impact of operating a tertiary care facility, simultaneous with the enormous complexities of the renovation and alteration of the facility, has placed great stress on management, medical staff and patients alike. Construction has been ongoing at Wright-Patterson for over four years, now. During this period, numerous inconveniences caused by interim moves of departments and the physical distractions caused by construction have challenged everyone. A sensitivity to personal concerns, and a desire for operating in a positive climate, have been of major import to senior management. Success in truly creating a positive working environment has been tempered by increasing workloads supported by financial and human resources

constrained by budgetary limitations. Due to concerns for such limitations, executive management is committed to strategic activities aimed at improving resource availability. One such initiative is this management study.

## CHAPTER IV

### OPERATIONS RESEARCH

The USAF Medical Center, Wright-Patterson, is experiencing significant changes in its delivery of health care due to this major construction project. As stated previously, executive management seeks to determine what manning requirements are necessary to operate this new structure effectively and efficiently. This study examined historical and solicited data to ascertain if changes to manpower authorizations are needed. And if changes are needed, what those changes should be.

The methodology incorporated in this study involved the use of nonreactive and reactive measures to arrive at a solution to determining these future manpower needs.

#### Data Collection

A variety of historical records in the Medical Resource Management Office at the Wright-Patterson facility provided ample data for conducting this study. They are:

- o A summary of historical manpower authorizations for this institution since 1979 (Facts and Figures of Comparative Management Data, 1980-1981; Management Summary, 1981; The Big Picture Management Summary, 1982-1984).

- o Current authorized manpower for FY 86 and projected manpower authorizations for FY 88 based on historical workload accomplished by the Medical Center (Extended Unit Manpower Document, 1986).

- o Projected manpower requirements using PRISM estimates for FY 88 (HQ AFLC/SGA, 1986).

- o Projected manpower requirements developed by the USAF Health Facilities Division in conjunction with the MCP design study (Preliminary Study: Composite Medical Facility/Dental Clinic Addition-Alteration, 1984).

- o A previous manpower projection based on the Military Construction Program (MCP) developed by the Medical Resource Management Office at Wright-Patterson (FY85-89 Medical Program Objective Memorandum, 1982).

As for the reactive measure, a more current manpower projection based on the MCP was required. Since Fawcett (1985) and Fifield (1974) proposed the use of professional judgment, coupled with historical data, in developing manpower forecasts, a needs assessment was developed to collect department or directorate specific manpower requirements (Appendix F). The survey provided each function with its FY 86 manpower authorizations. Based on this information and based on the changes to the physical environment resulting from the MCP, the departments and directorates were asked to forecast a reasonable expectation of their manpower needs for FY 88. Any forecasted increase or decrease had to be supported by a detailed, realistic justification.

#### Evaluation and Presentation of Data.

Most of the nonreactive data was determined to be valid

and reliable. The data extracted from official USAF management summaries and manpower documents, by its very nature, should stand on its own merit. The basis for development of these documents is through statistically valid and reliable management engineering standards.

The projected manpower projections provided by the Health Facilities Division were not used due to the generic nature of descriptive data and the vagueness of specific position descriptions. This was further complicated by the fact that the basis for the decision criteria for this projection could not be determined.

As for the 1983 projection, this reactive measure was an abbreviated study designed to determine manpower requirements for the new composite medical facility. Due to changes in health care practices and technology, due to the cursory nature of the aforementioned study and due to manpower management's questioning the validity and reliability of these forecasts; it has been excluded from this study.

The needs assessment survey was the other reactive measure used in the study. It was considered an appropriate instrument using manpower forecasts generated from historical workload which were modified by the professional judgment of the Medical Center staff. However, these changes were only considered valid if they were accepted by executive management. All recommended changes for the medical departments were reviewed

by the Chief of Hospital Services to assures a strategic fit in the multidisciplinary structure of the professional services. Following that review, all changes were then resubmitted to the ancillary and support services. This action was taken to preclude these functions from being subjected to new workloads by the clinical departments which had not been addressed previously in the survey. Once those reviews were concluded, the entire proposal was submitted to the Medical Center Administrator and Commander for their review and comments. They were presented with the data from the reactive and non-reactive measures for comparative purposes (Appendix G).

#### Alternative Solutions.

The problem posed in the study was to determine what manpower changes, if any, were required at the Wright-Patterson facility to operate the new composite institution. The alternative solutions to the problem are:

- o No change to current manpower authorizations (use projected manpower for FY 88 based on current workload).
- o Use PRISM authorizations.
- o Use previous manpower projection based on the MCP..
- o Use current manpower projection based on the MCP (June 1986 survey data.)
- o Use a combination of the above solutions.

#### Analysis.

Once the data from all measures was accumulated, a

comparative analysis was performed. Specifically, the recommendations of the Medical Center's departments and directorates were compared with the current and projected manpower authorizations based on historical workload and the projections suggested under PRISM applications.

The application of a quantitative technique was used to compare historical manpower authorizations since 1979 with the recommendations made by the departments and directorates. The use of a linear program forecast provided a basis for determining internal validity. It is a generally accepted fact that there is a casual relationship between patient-driven workload and staffing requirements. That is, as workload changes, so does manpower requirements proportionally. As stated earlier in this study, one reason for the construction project at Wright-Patterson was to provide a facility which meets the demands of an increasing patient population.

Finally, any changes to the overall manpower requirements were examined for the financial impact on the Medical Center's budget for FY 83. These manpower changes were converted to salary and benefit costs extracted from current USAF Medical Expense and Performance Report data.

## CHAPTER V

### THE USAF MEDICAL CENTER, WRIGHT-PATTERSON - 1988

The United States Air Force Medical Service bases its future manpower requirements on historical workload and its application to manpower engineering standards. The manpower planning system based on these standards is, then, applied to all medical treatment facilities Air Force wide. Thus, this study used the FY 86 authorized manpower requirements for the Wright-Patterson medical facility as a baseline for forecasting future needs. Appendix G represents an indepth examination of this baseline authorization with alternative solutions proposed in the study. Each department and directorate is represented with a specific listing of all personnel requirements broken into the three categories of employees (officer, enlisted and civilian personnel).

#### Data Summary

Since the military construction project was undertaken, in part, to meet the growing demands of an increasing patient population; the FY 86 manpower authorizations presented an appropriate staffing level to compare with future needs. Table 1 is a summary of the total personnel requirements identified in Appendix G. As shown by Table 1, FY 88 staffing requirements based on historical workload are projected to grow by 2 percent (comparing FY 86 total authorizations of 1411 with FY 88 needs of 1445.) These two manpower planning instruments represent the



current method which the USAF uses in identifying manpower needs. However, this projection does not take into consideration the changes in treatment capability brought about by the MCP.

Another manpower system for developing manpower requirements is PRISM. Although not fully incorporated into the manpower allocation process at present, PRISM does provide manpower requirements forecasted for USAF health care providers based on productivity standards and forecasted patient demands.

Table 1  
Summary Totals of Manpower Measurements  
for Current and Forecasted Requirements  
USAF Medical Center, Wright-Patterson  
Wright-Patterson AFB, Ohio

	Unit Manpower Doc FY 36 Authorized:	FY 38 Authorized:	Adjusted FY 83 PRISM I	Adjusted FY 88 PRISM III	Needs Assessme Survey
GRAND TOTAL:	1411	1445	1456	1433	1652
% Incr over FY 86:	.00	.02	.03	.05	.17

Again, the manpower requirements for providers projected for FY 83 using PRISM are higher than FY 86 levels. PRISM manpower projections used were those identified as PRISM I requirements, or those requirements adjusted due to projected congressional budgetary constraints, and PRISM III, or unconstrained requirements. To provide a more plausible comparison, the PRISM I and PRISM III projections were combined with the nonprovider projections of the FY 83 historical workload-driven projections.

Those combinations are identified as Adjusted FY 88 PRISM I and PRISM III in Appendix G and in Table 1. Total requirements under an adjusted PRISM forecast were 1456 and 1483 (for PRISM I and III, respectively) and are 3 and 5 percent higher than the FY 86 authorization level. Again, these projection do not consider the added variable of the major change to facility capacity brought about by construction.

To account for the physical impact of the new composite medical facility, a needs assessment was conducted with all departments and directorates in the USAF Medical Center, Wright-Patterson as illustrated in Table 2.

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Table 2  
Departments and Directorates Surveyed  
for Forecasted Manpower Requirements  
USAF Medical Center, Wright-Patterson  
Wright-Patterson AFB, Ohio

---

Aerospace Medicine Department	Medical Education and Training
Bioenvironmental Engineering	Medical Information Systems
Dental Service	Medical Legal Advisor
Department of Medicine	Medical Logistics Management
Department of Nursing	Mental Health Department
Department of	Nuclear Medicine Department
Obstetrics/Gynecology (OB/GYN)	Nutritional Medicine Department
Department of Radiology	Orthopedic Department
Department of Surgery	Pathology Department
Development Directorate	Patient Affairs
Directorate of	Pediatric Department
Hospital Services	Personnel and Administrative
Directorate, Resource	Services
Management Office	Pharmacy Department
Emergency Medicine	Physical Therapy Department
Facilities Management	Physiological Training
Hyperbaric Medicine	Primary Care
Medical Command	Administration

---

Thirty of the thirty-one surveys were returned for a ninety-seven percent return rate. Twenty-one departments responded that changes to their manpower requirements were needed. Nine indicated that no changes to their manpower needs were necessary. The overall effect of the survey was to increase manpower requirements to 1652 authorizations, or a 17 percent increase over the FY 85 baseline.

#### Description and Discussion

This study has already provided ample discussion on current Air Force manpower standards and the new manpower modeling program for health care providers. The needs assessment survey identified numerous increases in manpower requirements, which the departments and directorates felt were needed. While these changes were broad based, some bear discussion:

- o Medical Command was recommended to increase with the addition of a Vice Commander and Executive Officer to the Medical Center Commander. These two positions are needed to improve continuity of executive health management as a result of the complex technologies, increased physical capability and increasing staff size of this Medical Center.

- o Medical Information Systems requires a 54 percent increase in staff at management and technician levels to meet the tremendous growth in advanced health information systems since the commencement of the MCP.

- o The Development Directorate, responsible for

construction liaison, will be disassembled upon completion of the MCP and the manpower authorizations returned to HQ USAF.

- o The Medical Logistics Management Directorate requested 38 additional enlisted and civilian positions. These increases are needed to provide technical logistics support for the Central Processing and Distribution function incorporated in the new facility's design. Further increases are needed to meet logistical and biomedical maintenance management demands caused by the numerous systems and technologies delivered in the new health care facility.

- o Facilities Management requested four more civilian and enlisted authorizations to manage a facility which has doubled in size as a result of the construction project. Not included in these increases are additional requirements for facilities support and housekeeping. Technical facilities support is provided by personnel assigned to the base civil engineering function but attached to the Medical Center. This relationship should be considered similar to contracted support. Facilities support staff is projected to increase from 17 positions to 43 upon MCP completion. As for housekeeping, this service is provided by commercial contract. Presently, the housekeeping contractor employs 70 people and expects that to grow to over 150.

- o The Department of Radiology has requested 17 additional authorizations. Both professional and technician

levels should be increased to meet the clinical demands of all medical departments, to support modernized and new equipment technologies acquired in conjunction with the MCP and to meet increased patient care demand levels. New capabilities exist with the addition of a new special procedures suite, a new CT scanner, a new breast ultrasound unit, and two new angiographic/interventional radiologic suites.

- o The Radiation Therapy Department requires six more authorizations to support a dual-energy linear accelerator, simulator, hyperthermic facility, and specialized computer equipment.

- o The Clinical Laboratory Department requires five additional technicians to accommodate facilities now provided on two floors. Previous tasks which could use shared technician resources are now geographically separated requiring additional manpower for support.

- o Pharmacy Services requested increases of four pharmacists and eight technicians. Increases in patient visits coupled with the design of significantly separated inpatient and outpatient pharmacies necessitates these manpower increases.

- o The Department of Medicine requested numerous increases in their manpower authorizations. Internal Medicine was requested to increase by eleven internists to support teaching and referral loads as well as supporting the projected increases in intensive care and neo-natal beds. Technician

increases were also requested in support of the new gastrointestinal laboratory, the special hemodialysis laboratory, and the expanded clinical services. Cardiopulmonary Services were also requested to expand to meet new demands to support major referrals from the physiology laboratory, the new neo-natal intensive care unit, the expanded 24 bed intensive care unit (ICU), expanded surgical capabilities, and expanded noninvasive and cardiac catheterization laboratories. Increases in the Neurology Service were also forecasted to accommodate increases in patient demand. A third dermatologist and supporting technicians were requested to support additional training requirements and commitments to the Veterans Administration Medical Center and Wright State University in Dayton. Two additional allergists will be required to support the regional mixing laboratory and consultative requirements for DOD Region Six. Five technicians plus one physician will also be needed to support the mixing laboratory and immunization requirements.

- o The Department of Ophthalmology requires increases of one optometrist and six technicians. These increases are needed to support new capabilities in laser surgery, suprathreshold and full threshold perimetry, slit lamp photography, and improved fluorescein angiography and fundus photography. Two ophthalmology examination lanes and a dedicated ophthalmology minor surgery room have also been added.

- o The remaining increases in personnel are needed to

meet the overall expanded capabilities throughout the Medical Center caused by the doubling in square footage and the enhancements in facility and equipment technology brought about by construction. Of significance is the increase in medical technologists and support personnel in the subspecialties areas, such as cardiology and internal medicine.

As shown above, the manpower requirements from the needs assessment survey identify manpower projections above the FY 86 and FY 88 authorization levels. Further, the results of the survey also revealed levels which generally exceeded those of both PRISM projections. The forecasts from the needs assessment differ significantly from the other forecasts as it takes into consideration the new capabilities offered by the completed composite medical facility.

## CHAPTER VI

### ANALYSIS OF FINDINGS -- INTERPRETATION

In examining the issue of whether changes were needed at the Wright-Patterson Medical Center, five options were considered. Those alternatives ranged from doing nothing at all to using a combination of manpower projections to arrive at the best proposal for the expanded Wright-Patterson facility. The needs assessment survey revealed numerous manpower requirements that were not presently being met by other manpower projection techniques. The overriding factor causing this disparity was that these systems did not take into consideration the military construction project underway at Wright-Patterson.

The results of the needs assessment survey suggest that changes are needed in the manpower authorizations for the Wright-Patterson Medical Center in FY 83. Considering the scope of this construction project and the significant upgrading of the physical capabilities of the medical structure and its accompanying technology; the results of the survey were not surprising. However, it was felt that a comparison of projected growth based on historical workload with the results of the survey would provide a quantitative viewpoint of what the future had in store for the Medical Center.

#### Linear Forecast

A linear program was performed using summary historical data relating to total manpower authorizations. Appendix H is a



linear presentation of the growth of manpower authorizations at the Wright-Patterson facility since 1979 (Facts and Figures of Comparative Management Data, 1980-1981 and The Big Picture Management Summary, 1982-1984). This graphically shows that management would expect a growth in manpower authorizations to occur without the added variable of the MCP. Table 3 provides a summary of the forecasting technique as it applies to the Wright-Patterson study. Applying this technique revealed that the Wright-Patterson facility should realize a three percent growth in manpower authorizations, or an increase from 1411 total authorizations in FY 86 to 1460 authorizations in FY 88. Comparing this linear forecast with the other growth projections, a similar pattern is seen: historical workload projections (1445), PRISM I adjusted projections (1456), and PRISM III adjusted projections (1483).

As for the projections arrived at by the needs assessment survey, they were well above the linear forecast (1652 requirements). But as stated previously, the linear forecast and workload-related or productivity-related projections did not consider the change in capacities for the Wright-Patterson facility brought about by the MCP. Therefore, the projections identified in the needs assessment survey must be considered for meeting the future needs of the USAF Medical Center, Wright-Patterson. Although the survey is

Table 3  
Linear Program Forecasting  
Authorized Manpower  
USAF Medical Center, Wright-Patterson  
Wright-Patterson AFB, Ohio

	Nr (X)	FY	Total Auth Manpower (Y)	(XY)	(X^2)
Historical Data:	1	1979	1216	1216.03	1.00
	2	1980	1201	2401.92	4.00
	3	1981	1213	3639.05	9.00
	4	1982	1272	5089.25	16.00
	5	1983	1302	6512.31	25.00
	6	1984	1327	7959.49	36.00
	7	1985	1375	9623.74	49.00
	8	1986	1411	11288.00	64.00
Totals:	36		10317	47729.79	204.00
Linear	9	1987	1429		
Projections	10	1988	1460		
(see equations)					

Linear Equations:

$$a = \frac{(\sum Y)(\sum X^2) - (\sum X)(\sum XY)}{N(\sum X^2) - (\sum X)^2} = \frac{1.150e3}{1150} = 1150$$

$$b = \frac{N(\sum XY) - (\sum X)(\sum Y)}{N(\sum X^2) - (\sum X)^2} = 31.01$$

$$y = a + bx, \text{ where } y = 1150 + 31.01x$$

nonquantitative technique, Drandell (1975) clearly stated it should not be discounted. The implicit views and judgments of the departments and directorates coupled with their explicit justifications for additional staff are aimed at dealing with the realities of providing health care in the military environment. These increases are deemed necessary to reach the optimum

capability of providing the clinical, ancillary, and support services intended by the design of the facility, dictated by current clinical and medical management practices, and commensurate with the educational philosophy of the institution.

#### Financial Impact

As with the private sector of the health care industry, personnel costs in the military health care delivery system impose major financial demands on the budget. Until recently, only the civilian portion of personnel costs was considered by Air Force medical facilities in their appropriated budget. Congressional concern over the rising costs of health care in all sectors of the federal budget has brought about major changes in the military medical financial management systems. Today, Air Force medical facilities, like Wright-Patterson, are operating under the Medical Expense and Performance Reporting System (MEPRs), designed to accurately ascertain operating costs and performance levels. Using MEPR data, annual salary costs can be ascertained and applied against the manpower forecasts of the needs assessment survey, as shown in Table 4 (Medical Expense and Performance Report, 1986 and Unit Strength Summary Report, 1986).

-----  
 Table 4  
 Financial Impact of Manpower Changes  
 Resulting from Needs Assessment Survey  
 USAF Medical Center, Wright-Patterson  
 Wright-Patterson AFB, Ohio  
 -----

Personnel Category:	Personnel Totals:	Annual Salaries Per Employee:	Total Salaries:
Officers	42	\$55,378.27	\$2,325,887.34
Enlisted	97	21,800.51	2,114,649.47
Civilians	68	22,164.00	1,507,152.00
Total	207		5,947,683.81

-----

The difference between the FY 86 authorizations and those projections suggested by the needs assessment survey is 207 manpower requirements and equates to an additional \$6,000,000 in annual salary and benefits for the Wright-Patterson Medical Center. There will be difficulties in relating the financial impact of these increases with the USAF Medical Service budget system. At present, military personnel costs are not included in this financial management system. As for the projected increases in civilian payroll costs, the benefit portion of these costs are not included in the accrued expenses for civilian payroll as identified in this same system.

## CHAPTER VII

### CONCLUSION AND RECOMMENDATIONS

The intent of this study was to determine the future staffing requirements for the USAF Medical Center, Wright-Patterson once the \$113 million-plus medical military construction project (MCP) was completed. This project broke ground in 1982 and is scheduled for completion in 1983. The MCP represents a meaningful enhancement to this tertiary care facility by renovating, altering, and expanding the physical structure and associated technology appropriate for the comprehensive health care delivered in today's military medical facilities.

In view of DOD, congressional, and local management concerns for medical facility staffing, this study was commissioned to ascertain what changes, if any, were needed to the staff at Wright-Patterson. Present and future manpower methodologies for the USAF Medical Service do not address the growth of manpower requirements driven by major construction projects. Consequently, a needs assessment survey was conducted with the departments and directorates operating at the USAF Medical Center, Wright-Patterson. This survey combined the validity of historical manpower standards with the professional judgment of the local staff in developing future staffing requirements. This study determined that the Wright-Patterson Medical Center's manpower requirements will grow by 207 positions

in 1988, reaching a total requirement of 1652 positions. This growth will result in the total salary and benefit costs increasing by approximately \$6 million in 1988.

The following recommendations are made to implement the new Wright-Patterson staffing requirements within the Air Force manpower planning system:

1. Executive management should incorporate the results of this study as appropriate goals and objectives in the USAF Medical Center, Wright-Patterson Strategic Plan. As part of the strategic management process, executive management may wish the Medical Center Methods Improvement Committee and the Financial Working Group to review, comment, and recommend a course of action appropriate to the intent of the study to the Medical Center Executive Committee.

2. The local Air Force Management Engineering Team should review and comment on the results of this study. Such action would provide the basis and support for future management actions aimed at increasing the staff at the Medical Center.

3. Based on the guidance provided by the local management engineering team, the Medical Center management should initiate authorization requests for manpower allocations and the necessary budgetary increases in the FY 83 Medical Center to implement the recommended changes. This action may be best accomplished through the submission of a program objective memorandum (POM) to the Office of the Command Surgeon,

Headquarters Air Force Logistics Command. The POM submission would introduce the unfunded requirements of the Medical Center's manning needs into the five year DOD budgetary and planning system. Due to the early concessions made in obtaining the MCP approval and due to the questionable validity of the past manpower planning submission for this MCP, executive management should seek an elevation of the future manpower needs within the overall major command requirements for FY 38.

In summary, all aspects of the health care industry are feeling the effects of competition for limited dollars needed to deliver quality care. The Air Force health care delivery system, just as the private sector, is constantly striving to enhance the quality of care it provides. A key component in attaining that goal is providing the optimum human resources necessary to deliver quality health care. This study has determined that increases in staffing are needed at the USAF Medical Center, Wright-Patterson to support the overall USAF Medical Service goal of enhancing current programs to ensure the provision of the best medical care possible.

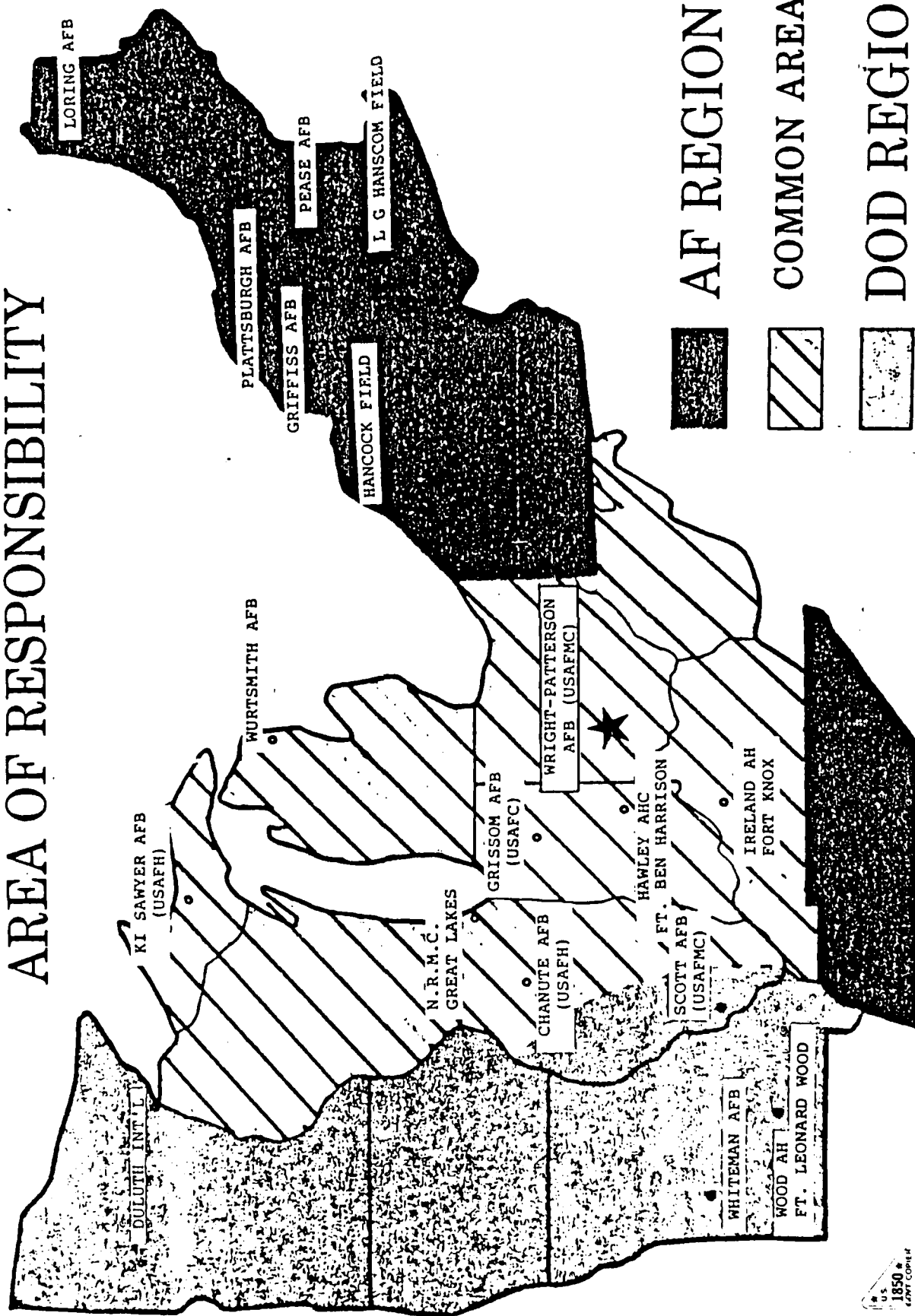
APPENDIX A





APPENDIX B

# USAF MEDICAL CENTER WRIGHT-PATTERSON AREA OF RESPONSIBILITY

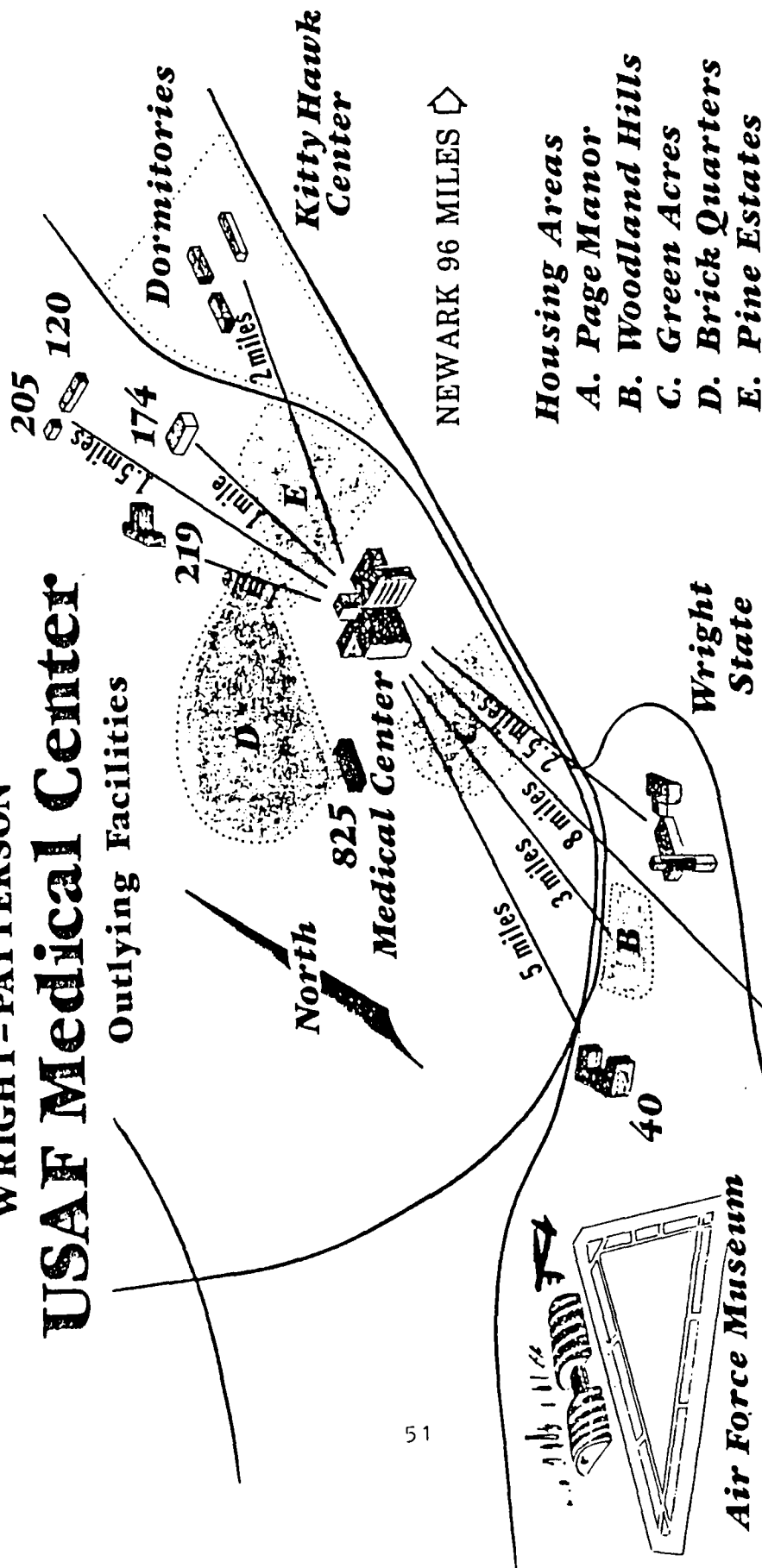


APPENDIX C

WRIGHT-PATTERSON

# USAF Medical Center

Outlying Facilities



APPENDIX D

## MAJOR UNITS SUPPORTED

THE USAF MEDICAL CENTER, WRIGHT-PATTERSON PROVIDES MEDICAL SUPPORT TO 65 AIR FORCE UNITS. THE MAJOR UNITS SUPPORTED ARE:

HQ AFLC	AIR FORCE MUSEUM
2750TH AIR BASE WING	AF ORIENTATION GROUP
AERONAUTICAL SYSTEMS DIV	2046TH COMM GROUP
4950TH TEST WING	DEF ELECTRONICS SUPPLY CTR (DESC)
FOREIGN TECHNOLOGY DIV	NEWARK AFS
AF INSTITUTE OF TECH	AF WRIGHT AERONAUTICAL LABS
AEROSPACE MEDICAL RESEARCH LAB	906TH TACTICAL FIGHTER GROUP

# MAJOR UNITS SUPPORTED

- ① USAF MEDICAL CENTER
- ② 2046TH COMM GROUP
- ③ FOREIGN TECHNOLOGY DIV
- ④ HQ AFLC
- ⑤ AERONAUTICAL SYSTEMS DIV
- ⑥ AIR FORCE MUSEUM
- ⑦ AF INSTITUTE OF TECHNOLOGY
- ⑧ AF ORIENTATION GROUP
- DESC
- ⑨ 2750TH AIR BASE WING
- ⑩ DET 15 MAC
- ⑪ 4950TH TEST WING

NEWARK AFS 96 MILES

WRIGHT-PATTERSON  
AIR FORCE BASE



DAYTON

DESC 16 MILES

⑧



# RESERVES

## ASSIGNED

	<u>OFFICER</u>	<u>ENLISTED</u>
● 35TH MSES	26	113
● 906TH TAC CLINIC	18	27
● MOBILIZATION AUGMENTEES	47	6
● SECTION ONE, 2291 U.S. ARMY HOSPITAL	40	170
● 72ND AEROMEDICAL EVACUATION SQUADRON	105	158

# AFFILIATION AGREEMENTS

## SHARING

VA MEDICAL CENTER - DAYTON

LABORATORY  
RADIATION THERAPY  
CT SCANS  
GYNECOLOGY

VA MEDICAL CENTER - CINCINNATI (PROPOSED)

CARDIAC SURGERY  
NEUROSURGERY

HOST TENANT AGREEMENTS

2750 ABW

178TH TACTICAL FIGHTER GROUP

USAF MEDICAL CENTER

3552ND USAF RECRUITING SQUADRON

907TH TACTICAL AIRLIFT GROUP

AF CONTRACT MAINTENANCE CENTER

AF MAINTENANCE SUP & MUN MGT ENGINEERING TEAM

AFOSI DISTRICT 5

DET 8, 1ST COMBAT EVAL GROUP

3553RD USAF RECRUITING SQUADRON

3511TH USAF RECRUITING SQUADRON

DET 1, HQ MICHIGAN ANG

DET 2, 1401ST MIL AIRLIFT SQUADRON

2803RD AIR BASE GROUP

171ST AIR REFUELING WING

DET 1, OHANG

911TH AF ORIENTATION GROUP

DET 15, AF CONTRACT MANAGEMENT DIVISION

AIR FORCE INSTITUTE OF TECHNOLOGY

AERONAUTICAL SYSTEMS DIVISION

AF ACQUISITION LOGISTICS CENTER

123RD TACTICAL RECON WING

180TH TACTICAL FIGHTER GROUP

AF COMMISSARY SERVICE

2046TH COMMUNICATIONS GROUP

AF CONTRACT MGT DIVISION, DET 28

DET 1, 1361ST AVS

179TH TACTICAL AIRLIFT GROUP

910TH TACTICAL FIGHTER GROUP

DET WP, AFELM DOD ARFCOS

130TH TACTICAL AIRLIFT GROUP

121ST TACTICAL FIGHTER WING

1815TH TEST WING

906TH TACTICAL FIGHTER GROUP

MEDICAL CENTER

927TH TACTICAL AIRLIFT GROUP

INTER-SERVICE SUPPORT AGREEMENTS

2750 ABW

71ST EXPLOSIVE ORDNANCE DETACHMENT  
US ARMY SIGNAL CENTER AND FT GORDON  
US ARMY RECRUITING BATTALION  
MILITARY POLICE PLT, 1ST, MP COMPANY H & SBN, 4FSSG (USMCR)  
NAVY & MARINE CORPS RESERVE TRAINING CENTER  
DEFENSE PROPERTY DISPOSAL OFFICE  
DEFENSE FUEL SUPPORT POINT  
LIBRARY OF CONGRESS  
DEFENSE INSTITUTE OF SECURITY ASSISTANCE MANAGEMENT (DISAM)  
ARMY/AIR FORCE EXCHANGE SERVICES (AAFES)  
NAVAL MEDICAL RESEARCH INSTITUTE (NMRI)  
5TH US ARMY POSTAL AUGMENTATION PLAN

INTER-SERVICE SUPPORT AGREEMENTS

MEDICAL CENTER

USA MEDICAL DEPARTMENT ACTIVITY

NINTH COAST GUARD DISTRICT

DEFENSE ELECTRONIC SUPPLY CENTER (DESC)

DEFENSE ELECTRONIC SUPPLY CENTER (DESC) STORAGE SPACE

DEFENSE ELECTRONIC SUPPLY CENTER (DESC) COLUMBUS

COMBINED SUPPORT MAINTENANCE SHOP

MOBILIZATION AGREEMENTS

87TH AERIAL PORT SQUADRON  
178TH TACTICAL FIGHTER GROUP  
251ST CMBT COMM GP/269TH CCS  
220TH ELECT INSTL SQUADRON  
112TH TACTICAL FIGHTER GROUP  
180TH TACTICAL FIGHTER GROUP  
123RD TACTICAL RECON WING  
171ST AIR REFUELING WING  
160TH AIR REFUELING GROUP  
910TH COMBAT SUPPORT SQUADRON  
123RD TAC CONTROL FLT/124 TAC CONTR FLT  
179TH TACTICAL AIRLIFT GROUP  
130TH TACTICAL AIRLIFT GROUP  
907TH TACTICAL AIRLIFT GROUP  
121ST TACTICAL FIGHTER WING  
35TH MSES

MEMORANDUM OF UNDERSTANDING

ARMSTRONG AEROSPACE MEDICAL RESEARCH LABORATORY (AAMRL)

AMERICAN RED CROSS

DAYTON REGIONAL OFFICE CANADIAN DEPARTMENT OF EXTERNAL AFFAIRS

1ST CANADIAN FORCES LOGISTICS LIAISON UNIT

SUPPORT COUNCIL ON PREVENTIVE EFFORT (SCOPE)

INDIAN HEALTH SERVICE HOSPITAL

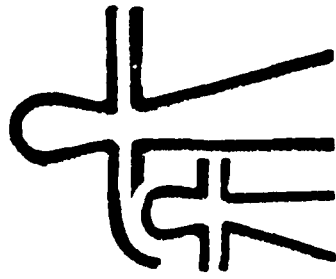
GREENE AND MONTGOMERY COUNTY CORONERS

AFROTC DETACHMENTS

AFLC AFROTC FIELD TRAINING PROGRAM

WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE

SOUTHWESTERN RESEARCH INSTITUTE

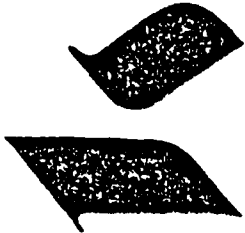
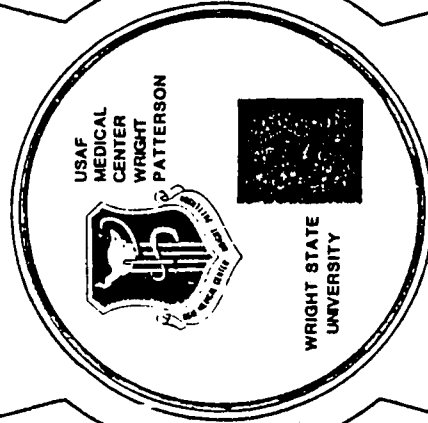


the  
children's  
medical  
center

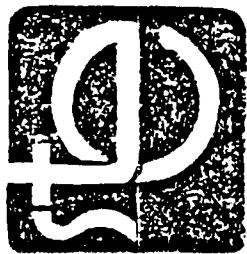
Pediatrics  
Surgical



Good Samaritan  
Surgical  
Psychiatry



Kettering Medical Center  
Surgical  
Psychiatry



St. Elizabeth  
Medical Center  
Surgical



Miami Valley Hospital  
OB/GYN  
Surgical



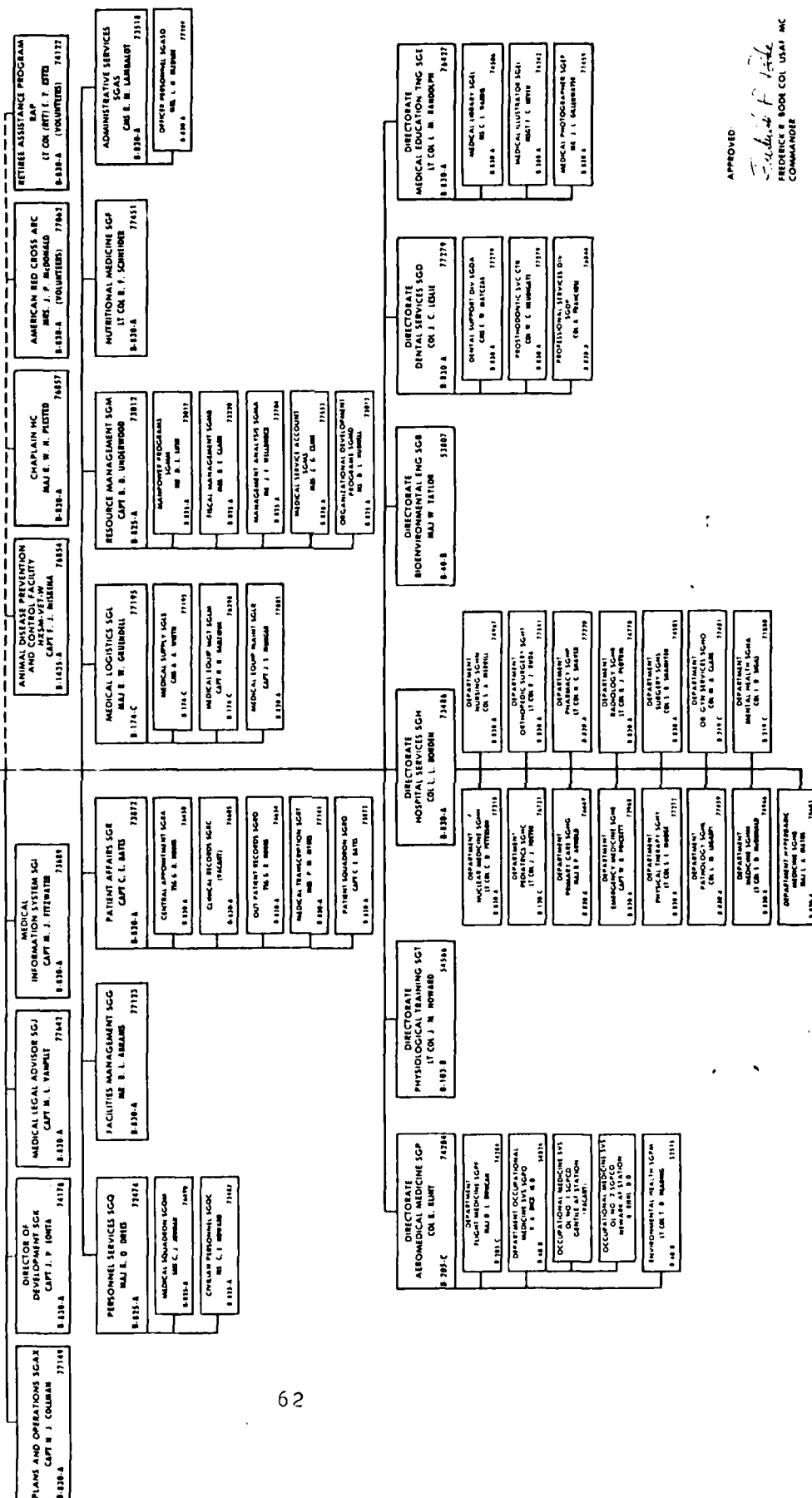
Veterans  
Administration  
Surgical  
Psychiatry



APPENDIX E

**FOR OFFICIAL USE ONLY**

257-1110  
15 SEPTEMBER 1985  
VISUAL AID 23-1



APPROVED: *F. J. [Signature]*  
FREDERICK R. [Signature]  
COMMANDER

APPENDIX F

SGA-R

Manpower Requirements Resulting from the Medical Military  
Construction Program

See Distribution

1. I'm pleased to advise you that we are initiating a comprehensive review of our Medical Center manpower program in anticipation of our occupancy of all areas renovated, altered or added to by the medical Military Construction Program (MCP) project. Specifically, we want to examine what manning is necessary to operate your directorate or department in this new environment. That is, do we need to change the number of personnel authorizations required to operate your functional area at its optimum capacity?

2. Since our last manpower projection based on this MCP, we have collectively experienced numerous changes to those factors influencing our methods of delivering care. Some examples of these changes are improvements in health care practices, new requirements in quality assurance, medical readiness, changes in technology, and new mission requirements. These issues may have already been addressed by specific manpower additives or by workload adjustments.

3. Now that we are well past the halfway point with this construction project, I have asked Capt Ray Williams to conduct a manpower management study. Capt Williams, a 10-year veteran Medical Service Corps officer completing an AF-sponsored master's degree in hospital and health administration, is assigned to us as an administrative resident through the summer.

4. One aspect of Capt Williams' study of our manning requirements necessitates your valuable input. Request you determine your future manpower needs based only on the changes in work environment you'll experience as a result of the MCP. Fiscal Year 1988 has been chosen since this point in time should signify completion of construction. It should also mark the point, for forecasting purposes, that your workload will be effected by providing care in a new physical environment. We have provided a manpower authorization document in Attachment 1, which will become the 1986 basis for your submission. Based on this information and the changes you will experience in the physical capacity of your work environment resulting from the MCP, you should be able to forecast a reasonable expectation of your manpower needs for FY88. Any increase or decrease in your forecast must be supported with detailed, realistic

justifications supported by changes in your facility's capacity and by new equipment provided under the MCP.

5. We realize the impact this request has upon your already hectic schedule. However, I'm sure you'll agree that the future benefits to your staff and to your patients warrant a top-notch effort. We have provided for your review a sample forecast in Attachment 2. We ask you to respond with your projected manpower and justification in the format illustrated in Attachment 3. Your response should reach SGM not later than 15 May 1986. Negative replies are required.

6. Questions or clarifications may be addressed with Capt Williams, ext 79883, or Capt Underwood, ext 79120.

BRUCE D. WILHELM  
Colonel, USAF, MSC  
Administrator

- 3 Atch
- 1. Manpower  
Authorization  
Document
- 2. Sample Response
- 3. Response Format

- SAMPLE -  
FY88 MANPOWER FORECAST

Functional Account Code (FAC): 5110

Function Title: Medical Logistics Management Directorate

Prepared by (Name, office symbol, extension):

Major Gruendell, SGL, 77195

FY86				FY88 Forecast	
AFSC	AFSC Title	Cat	Number Authorized	Number Required	Difference
9016	Chief, Med Log	Off	1	1	0
9025	Chief, MEMO	Off	1	1	0
91500	Super, Med Log	Enl	1	1	0
91570	Med Mat Supervisor	Enl	5	5	0
		Civ	1	1	0
91550	Med Mat Specialist	Enl	8	8	0
		Civ	11	16	+5
91530	Med Mat Apprentice	Enl	6	16	+10
90650	Clerk Stenographic	Civ	1	1	0

Justification for change in manpower (be specific):

As a result of the FY82 Military Construction Program (MCP), the Medical Logistics Management Directorate will operate the newly instituted function, the Central Processing and Distribution (CP-D) Division. The function of CPD is to provide materiel procurement, sterilization, processing, decontamination, storage, distribution, and transportation in support of all inpatient medical functions at the USAF Medical Center, Wright-Patterson. Primary missions will be to provide automatic resupply of routinely used medical supply items and to provide an aseptically managed system that processes medical instruments. Approximately 60 medical center accounts will be supported by this new concept in logistics support.

To accomplish this 24 hours-a-day, 7 days-a-week mission, an elaborate specially designed system of exchange carts, storage media, decontamination, and sterilization equipment, and automated information management systems will be used to carry out the policies and procedures prescribed by AFM 67-1, Vol V,

Chap 10. Presently, medical items are issued from Medical Logistics to the using activities during normal duty hours, Monday through Friday. Ordering and storage of routinely used medical supply items require the daily involvement of health care providers and technicians often resulting in stock outages or excessive on-hand inventories. CPD is designed to reduce supply mismanagement or maldistribution and to free providers and technicians enabling greater involvement in direct patient care. CPD requires the assignment of 20 additional medical materiel specialists to perform required duties.

Approved by:

Date: 14 April 1986

\_\_\_\_\_  
Directorate/Department Chairperson

FY88 MANPOWER FORECAST

Functional Account Code (FAC):

Function Title:

Prepared by (Name, office symbol, extension):

FY86			FY88 Forecast		
AFSC	AFSC Title	Cat	Number Authorized	Number Required	Difference

Justification for change in manpower (be specific):

Approved by:

Date:

\_\_\_\_\_  
Directorate/Department Chairperson



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INFORMATION

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SGA-2  
SGMM

APPENDIX G



1: File B:1  
 2: Department  
 3: Position Title  
 4: Unit Manpower  
 5: Authorized:  
 6: AFSC  
 7: Off Enl Civ Off Enl Civ

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
55: Officer total:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
56: Civilian total:	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
57: Total:	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
58: Medical Admin Services																				
59: Sergeant Major	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
60: Med Admin Supv	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
61: Med Admin Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
62: Med Admin Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
63: Apr Med Admin Spec	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
64: Med Admin Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
65: Word Processing Supv	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
66: Enlisted total:	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
67: Civilian total:	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
68: Total:	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
69: Medical Personnel Services																				
70: Health Svc Admin - Stf	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
71: Med Sq First Sgt	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
72: Training Technician	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
73: Med Admin Supv	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
74: Personnel Specialist	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
75: Med Admin Spec	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
76: Med Admin Spec	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
77: Apr Med Admin Spec	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
78: Med Admin Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
79: Med Admin Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
80: Clerk Sterographer	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
81: Med Admin Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
82: Officer total:	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
83: Enlisted total:	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
84: Civilian total:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
85: Total:	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
86: AFCLAS Computer																				
87: Info Sys Operator	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
88: Info Sys Operator	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
89: Info Sys Operator	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
90: Supervisor	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
91: Info Sys Operator	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
92: Enlisted total:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
93: Civilian total:	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
94: Total:	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
95: Medical Materiel																				
96: Chief	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
97: Chief	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
98: Chief	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
99: Med Materiel Supv	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
100: Med Materiel Supv	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1



1: File B:1  
 2: Unit Manpower  
 3: Department  
 4: Position Title  
 5: AFSC  
 6: Off Enl Civ Off Enl Civ  
 7: Off Enl Civ Off Enl Civ

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
147: Food Service Spec																										
148: Diet Therapy Spec																										
149: Food Service Spec																										
150: Diet Therapy Spec																										
151: Apr Food Service Spec																										
152: Apr Food Service Spec																										
153: Apr Diet Therapy Spec																										
154: Clerk Stenographer																										
155: Supervisor																										
156: Diet Therapy Supv																										
157: Food Service Spec																										
158: Meatcutter																										
159: Food Service Spec																										
160: Diet Therapy Spec																										
161: Inventory Mgmt Spec																										
162: Food Service Spec																										
163: Food Service Spec																										
164: Food Service Spec																										
165: Diet Therapy Spec																										
166: Apr Diet Therapy Spec																										
167: Food Service Spec																										
168: Apr Diet Therapy Spec																										
169: Apr Food Service Spec																										
170: Officer total:																										
171: Enlisted total:																										
172: Civilian total:																										
173: Total:																										
174: Patient Affairs																										
175: Chief																										
176: Med Admin Supt																										
177: Med Admin Supv																										
178: Med Admin Spec																										
179: Med Admin Spec																										
180: Med Admin Spec																										
181: Med Admin Spec																										
182: Med Admin Spec																										
183: Apr Med Admin Spec																										
184: Apr Med Admin Spec																										
185: Chief																										
186: Supervisor																										
187: Med Admin Spec																										
188: Med Admin Spec																										
189: Apr Med Admin Spec																										
190: Officer total:																										
191: Enlisted total:																										
192: Civilian total:																										

1: File B:1  
2: Department  
3: Position Title  
4: Unit Manpower  
5: Authorized: FY 88 FY 88 FY 88  
6: AFSC Off Enl Civ Off Enl Civ Off Enl Civ  
7: Needs Assessment Survey

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
193: Total:	25																			
194: Ward Clerk Program																				
195: Apr Med Admin Spec	1																			
196: Med Admin Supv																				
197: Med Admin Spec	1																			
198: Med Admin Spec	2																			
199: Apr Med Admin Spec	4																			
200: Enlisted total:	1																			
201: Civilian total:	8																			
202: Total:	9																			
203: Medical Transcription																				
204: Supervisor	1																			
205: Adm Spec Adm Mgt	7																			
206: Civilian total:	8																			
207: Total:	8																			
208: Outpatient Records																				
209: Chief	1																			
210: Med Admin Spec	2																			
211: Med Admin Spec	2																			
212: Apr Med Admin Spec	3																			
213: Apr Med Admin Spec	1																			
214: Med Admin Spec	1																			
215: Med Admin Spec	2																			
216: Apr Med Admin Spec	3																			
217: Enlisted total:	9																			
218: Civilian total:	6																			
219: Total:	15																			
220: Inpatient Records																				
221: Med Admin Spec	1																			
222: Med Admin Spec	3																			
223: Med Admin Spec	1																			
224: Apr Med Admin Spec	1																			
225: Apr Med Admin Spec	1																			
226: Civilian total:	7																			
227: Total:	7																			
228: SUB-GRAND TOTAL	28																			
229: OFFICER TOTAL:	96																			
230: ENLISTED TOTAL:	109																			
231: CIVILIAN TOTAL:	233																			
232: TOTAL:	233																			
233: TOTAL:	233																			

File B:2	Unit Manpower Dec	FY 88	FY 88	Adjusted	Adjusted	Needs
Department	FY 86	FY 88	FY 88	FY 88	FY 88	Assessment
Position Title	Authorized:	PRISM I	PRISM I	PRISM I	PRISM I	Survey
	AFSC	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ
Central Appointments						
Med Admin Spec	90650	3	3	0	3	3
Med Admin Spec	90650	2	2	0	2	2
Med Admin Spec	90650	1	1	0	1	1
Apr Med Admin Spec	90630	1	1	0	1	1
Civilian total:		7	7	0	7	7
Total:		7	7	0	7	7
Facilities Management						
Hlth Serv Admin	09025	1	1	0	1	1
Med Admin Supv	90670					
Safety Technician	24170	1	1	0	1	1
Med Admin Supv	90670	1	1	0	1	1
Med Admin Spec	90650	1	1	0	1	1
Qual Assur Eval	90650	1	1	0	1	1
Qual Assur Eval	90650					
Laundry Linen Spec	90650	1	1	0	1	1
Officer total:		1	1	0	1	1
Enlisted total:		4	4	0	4	4
Civilian total:		5	5	0	5	5
Total:		27	27	0	27	27
Med Resource Management Office						
Chief	09016	1	1	0	1	1
Hlth Serv Admin	09025	1	1	0	1	1
Med Admin Supv	90670	1	1	0	1	1
Med Admin Supv	90670	1	1	0	1	1
Med Admin Spec	90650	1	1	0	1	1
Supervisor	90670	2	2	0	2	2
Supervisor	90650	1	1	0	1	1
Med Admin Spec	90650	1	1	0	1	1
Finan Mgmt Spec	67251	1	1	0	1	1
Med Admin Spec	90650	1	1	0	1	1
Med Admin Spec	90650	1	1	0	1	1
Med Admin Spec	90650	1	1	0	1	1
Med Admin Spec	90650	1	1	0	1	1
Med Admin Spec	90650	1	1	0	1	1
Med Admin Spec	90650	1	1	0	1	1
Med Admin Spec	90650	1	1	0	1	1
Apr Med Admin Spec	90630	1	1	0	1	1
Apr Med Admin Spec	90630	1	1	0	1	1
Clerk Typist	90650	1	1	0	1	1
Finan Mgmt Spec	67251	1	1	0	1	1
Officer total:		2	2	0	2	2
Enlisted total:		3	3	0	3	3
Civilian total:		15	15	0	15	15
Total:		20	20	0	20	20
Hospital/Clinical Services						
Chief	09496	1	1	0	1	1
Hlth Svc Admin	09025	1	1	0	1	1





1: File 8:2  
2: Department  
3: Position Title  
4: Authorizing: FY 88 FY 88 FY 88  
5: AFSC Off Enl Civ Off Enl Civ Off Enl Civ Off Enl Civ  
6: Needs  
7: Assessment  
8: Survey

Unit Manpower Doc	FY 88	FY 88	FY 88	Adjusted	Adjusted	Adjusted	Needs
Authorized: PRISM I	PRISM I	PRISM I	PRISM I	PRISM I	PRISM I	PRISM I	PRISM I
101: Apr Radiologic Spec	4	4	0	4	4	4	4
102: Apr Radiologic Spec	2	2	0	2	2	2	2
103: Apr Radiologic Spec	2	2	0	2	2	2	2
104: Radiologic Tech	1	1	0	1	1	1	1
105: Radiologic Spec	2	2	0	2	2	2	2
106: Radiologic Spec	1	1	0	1	1	1	1
107: Med Admin Spec	1	1	0	1	1	1	1
108: Admin Spec Adm Mgmt	1	1	0	1	1	1	1
109: Med Admin Spec	2	2	0	2	2	2	2
110: Apr Med Admin Spec	0	0	0	0	0	0	0
111: Officer total:	3	3	0	3	3	3	3
112: Enlisted total:	17	17	0	17	17	17	17
113: Civilian total:	8	8	0	8	8	8	8
114: Total:	28	28	0	28	28	28	28
115: Nuclear Medicine	1	1	0	1	1	1	1
116: Chief	0	0	0	0	0	0	0
117: Nuclear Med Supt	1	1	0	1	1	1	1
118: Nuclear Med Tech	1	1	0	1	1	1	1
119: Nuclear Med Spec	3	3	0	3	3	3	3
120: Med Admin Spec	1	1	0	1	1	1	1
121: Officer total:	4	4	0	4	4	4	4
122: Enlisted total:	1	1	0	1	1	1	1
123: Civilian total:	6	6	0	6	6	6	6
124: Total:	11	11	0	11	11	11	11
125: Radiation Therapy	1	1	0	1	1	1	1
126: Radiotherapist	0	0	0	0	0	0	0
127: Clinical Nurse	1	1	0	1	1	1	1
128: Radiologic Tech	1	1	0	1	1	1	1
129: Radiologic Spec	1	1	0	1	1	1	1
130: Radiation Ther Supv	0	0	0	0	0	0	0
131: Dosimetrist	0	0	0	0	0	0	0
132: Radiologic Tech	1	1	0	1	1	1	1
133: Radiologic Spec	1	1	0	1	1	1	1
134: Clerk Typist	0	0	0	0	0	0	0
135: Med Admin Spec	1	1	0	1	1	1	1
136: Officer total:	2	2	0	2	2	2	2
137: Enlisted total:	3	3	0	3	3	3	3
138: Civilian total:	6	6	0	6	6	6	6
139: Total:	11	11	0	11	11	11	11
140: Ultra Sound	1	1	0	1	1	1	1
141: Radiologic Spec	1	1	0	1	1	1	1
142: Radiologic Spec	0	0	0	0	0	0	0
143: Radiologic Spec	1	1	0	1	1	1	1
144: Enlisted total:	2	2	0	2	2	2	2
145: Total:	2	2	0	2	2	2	2
146: Radiotherapy	1	1	0	1	1	1	1

File 8:2  
 2: Unit Manpower Dec  
 3: Department  
 4: Position Title  
 5: Authorized: PRISM I PRISM II PRISM III  
 6: AFSC Off Enl Civ Off Enl Civ Off Enl Civ  
 7: Needs Assessment Survey

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
147: Health Physicist	09476	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
148: Radiologic Tech	90370	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
149: Officer total:		1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
150: Civilian total:		1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
151: Total:		2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
152: Cardio/Res Training	09176	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
153: Health Physicist	09336	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
154: Diagnostic Radiologist	90350	2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
155: Radiologic Spec		2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
156: Officer total:		2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
157: Enlisted total:		4	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
158: Total:		6	6	6	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
159: Tomography Scanner	09536	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
160: Diagnostic Radiologist	90370	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
161: Radiologic Tech	90350	2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
162: Radiologic Spec		1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
163: Officer total:		1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
164: Enlisted total:		2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
165: Total:		3	3	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
166: Histopathology	09526	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
167: Chief	09526	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
168: Supervisor	09526	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
169: Pathologist	09526	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
170: Pathologist	92471	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
171: Histopathology Tech	92471	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
172: Cytotechnology Tech	92570	2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
173: Histopathology Spec	92451	2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
174: Histopathology Spec	92451	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
175: Cytotechnology Spec	92570	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
176: Apr Cytotechnology Spec	92530	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
177: Clerk Typist	70250	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
178: Admin Spec Adm Mgmt	70250	3	3	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
179: Med Admin Spec	90650	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
180: Officer total:		4	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
181: Enlisted total:		5	5	5	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
182: Civilian total:		3	3	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
183: Total:		17	17	17	17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
184: Clinical Laboratory	09156A	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
185: Chief	09156C	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
186: Biomed Lab Chemi Off	09156B	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
187: Biomed Lab Micro Off	09156G	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
188: Biomed Lab Blood Off	92499	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
189: Supervisor	92470	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
190: Med Laboratory Tech	192470	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
191: Med Laboratory Tech	92470	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
192: Med Laboratory Tech		1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	



File B:3	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Department	Unit Marpower Doc	FY 85	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88
Position Title	Authorized:	AFSC	Off	Enl	Civ	Off	Enl	Civ	Off	Enl	Civ	Off	Enl	Civ	Off	Enl	Civ	Off	Enl	Civ	Off
3: Med/Surg Nursing Unit																					
9: Supervisor		09725A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
11: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
12: Supervisor		09726	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
13: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
14: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
15: Supervisor		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
16: Supervisor		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
17: Mental Hlth Nurse		09726	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
18: Mental Hlth Nurse		09726	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
19: Mental Hlth Nurse		09726	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
20: Mental Hlth Nurse		09726	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
21: Mental Hlth Nurse		09726	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
22: Mental Hlth Nurse		09726	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
23: Mental Hlth Nurse		09726	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
24: Mental Hlth Nurse		09726	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
25: Mental Hlth Nurse		09726	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
26: Mental Hlth Nurse		09756	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
27: Supervisor		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
28: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
29: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
30: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
31: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
32: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
33: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
34: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
35: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
36: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
37: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
38: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
39: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
40: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
41: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
42: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
43: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
44: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
45: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
46: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
47: Clinical Nurse		09756	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
48: Supervisor		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
49: Supervisor		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
50: Supervisor		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
51: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
52: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
53: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
54: Clinical Nurse		09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
101	Apr	Ment	Hlth	Unit	Tech	91431																
102	Supervisor					09756	1	1	0	0	0	1	0	0	0	0	1	0	0	0	1	
103	Clinical Nurse					09756	6	6	0	0	6	6	6	0	0	0	6	6	6	6	6	
104	Med Svc Spec					90250	3	3	0	0	3	3	3	0	0	0	3	3	3	3	3	
105	Med Svc Spec					90250	3	3	0	0	3	3	3	0	0	0	3	3	3	3	3	
106	Officer					108	68	70			70	70	70				70	70	70	70	70	
107	Enlisted					Total:	97	97			97	97	97				97	97	97	97	97	
108	Civilian					Total:	13	13			13	13	13				13	13	13	13	13	
109	Total:						178	180	0		180	180	180	0	0		180	180	180	180	180	

[illegible]





File 3:3	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Department	Unit Manpower Doc	FY 85	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88
Position Title	Authorized:	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM	PRISM
	AFSC	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ
193 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
194 Clinical Nurse	09756	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
195 Clinical Nurse	09756	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
196 Clinical Nurse	09756	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
197 Clinical Nurse	09756	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
198 Clinical Nurse	09756	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
199 Supervisor	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
200 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
201 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
202 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
203 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
204 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
205 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
206 Supervisor	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
207 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
208 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
209 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
210 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
211 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
212 Clinic Nurs/Ed Coor	09756D	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
213 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
214 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
215 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
216 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
217 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
218 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
219 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
220 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
221 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
222 Clinical Nurse	09756	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
223 Med Svc Tech	90270	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
224 Med Svc Tech	90270	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
225 Med Svc Tech	90270	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
226 Med Svc Spec	90250	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
227 Med Svc Spec	90250	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
228 Med Svc Spec	90250	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
229 Med Svc Spec	90250	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
230 Apr Med Svc Spec	90230	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
231 Apr Med Svc Spec	90230	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
232 Apr Med Svc Spec	90230	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
233 Clinical Nurse	09756	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
234 Apr Med Svc Spec	90230	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
235 Officer Total:		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
236 Enlisted Total:		26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26
237 Civilian Total:		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
238 Total:		57	57	57	57	57	57	57	57	57	57	57	57	57	57	57	57	57	57	57	57



AD-A173 760

PROJECTED MANPOWER REQUIREMENTS: IDENTIFYING STAFFING  
REQUIREMENTS FOR OP. (U) AIR FORCE INST OF TECH  
WRIGHT-PATTERSON AFB OH R WILLIAMS SEP 86  
AFIT/CI/NR-86-193T

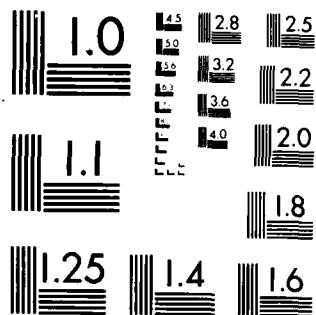
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UNCLASSIFIED

F/G 6/5

NL



MICROCOPY RESOLUTION TEST CHART  
NATIONAL BUREAU OF STANDARDS-1963-A

U.S. 1850  
GARY COPIES

1 File B-4  
2  
3 Department  
4 Position Title  
5  
6  
7

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
	Unit Manpower Dec	FY 86	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88
	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:
	AFSC	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ
55: Intern Hematology	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
56: Intern Pulmonary Dis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
57: Intern Infectious Dis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
58: Clinical Nurse	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
59: Internist	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
60: Internist	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
61: Intern Cardiology	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
62: Intern Cardiology	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
63: Intern Endocrinology	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
64: Intern Rheumatology	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
65: Intern Pulmonary Dis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
66: Intern Nephrology	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
67: Clinical Nurse	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
68: Clinical Nurse	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
69: Med Svc Tech	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
70: Med Svc Tech	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
71: Med Svc Spec	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
72: Med Svc Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
73: Med Svc Spec	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
74: Apr Med Svc Spec	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
75: Clinical Nurse	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
76: Clinical Nurse	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
77: Cert Lab Tech Oncol	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
78: Med Svc Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
79: Receptionist	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
80: Clerk Stereographer	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
81: Med Admin Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
82: Officer Ictal:	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21
83: Enlisted Ictal:	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
84: Civilian Ictal:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
85: Total:	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33
86: Cardiacpulmonary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
87: Aerc Physiologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
88: Cert Noninvas Tech	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
89: Pulmonary Rehab Nurse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
90: Cardiac Rehab Nurse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
91: Supervisor	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
92: Cardiac Lab Tech	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
93: Cardiac Lab Tech	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
94: Cardiac Lab Tech	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
95: Cardiac Lab Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
96: Cardiac Lab Spec	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
97: Cardiac Lab Spec	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
98: Cardiac Lab Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
99: Cardiac Lab Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
100: Apr Cardiac Lab Spec	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

1: File B:4  
2: Unit Manpower Doc  
3: Department  
4: Position Title  
5: Authorizing: PRISM IPRISM I PRISM IIPRISM III Survey  
6: AFSC Off Enl Civ Off Enl Civ Off Enl Civ Off Enl Civ  
7: -----

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
101: Apr Cardio Lab Spec	0	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
102: Apr Cardio Lab Spec	2	1	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
103: Cardio Lab Tech																					
104: Cardio Lab Spec																					
105: Cardio Lab Spec																					
106: Apr Cardio Lab Spec																					
107: Med Svc Spec																					
108: Clerk Stenographer																					
109: Apr Med Svc Spec																					
110: Officer Total:																					
111: Enlisted Total:	20	22	7	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
112: Civilian Total:	7	7	7	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
113: Total:	27	29	14	58	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
114: Pediatrics																					
115: Pediatrician	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
116: Pediatrician/Neonat																					
117: Pediatrician/Adcl Med	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
118: Pediatrician/Neuro	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
119: Supervisor	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
120: Pediatrician	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
121: Pediatrician/Neonat	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
122: Pediatrician/Hemctology	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
123: Pediatrician/Infct Dis	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
124: Clinical Nurse	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
125: Ped Nurs Practitioner	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
126: Med Svc Tech	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
127: Med Svc Tech	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
128: Med Svc Spec	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
129: Med Svc Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
130: Apr Med Svc Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
131: Apr Med Svc Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
132: Admin Spec Admin Mgmt	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
133: Apr Med Svc Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
134: Officer Total:	12	12	7	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
135: Enlisted Total:	7	7	7	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
136: Civilian Total:	2	2	2	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
137: Total:	21	21	14	58	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
138: Neurology																					
139: Supervisor	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
140: Neurologist	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
141: Med Svc Tech Neuro	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
142: Apr Med Svc Tech Neuro	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
143: Clerk Typist																					
144: Med Svc Spec Neuro	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
145: Officer Total:	2	2	2	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
146: Enlisted Total:	2	2	2	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

1: File B:4  
 2: Unit Manpower Doc  
 3: Department  
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 5: Authorized: PRISM IPRISM I PRISM IIPRISM III Survey  
 6: AFSC Off Enl Civ Off Enl Civ Off Enl Civ Off Enl Civ  
 7:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
147	Civilian Total:				1																
148	Total:				5																
149	Dermatology																				
150	Dermatologist	09556			1																
151	Dermatologist	09556			1																
152	Dermatologist - Surgery	09556A			0																
153	Dermatopathologist	09556B			0																
154	Med Svc Tech	90270			1																
155	Apr Med Svc Spec	90230			1																
156	Med Svc Tech	90250			0																
157	Clerk Typist	70250			0																
158	Officer Total:				2																
159	Enlisted Total:				2																
160	Civilian Total:				0																
161	Total:				4																
162	Mental Health																				
163	Chief	09585			1																
164	Supervisor	09186			1																
165	Supervisor	09585			1																
166	Clinical Psych	09186A			1																
167	Clinical Psych	09185			1																
168	Clinical Psych	09186			1																
169	Clinical Sec Work	09195			1																
170	Supervisor	09585			1																
171	Psychiatrist	09585			1																
172	Psychiatrist	09585			1																
173	Psychiatrist	09585			1																
174	Clinical Neu Psychol	09185B			1																
175	Clinical Sec Work	09195			1																
176	Clinical Sec Work	09195			1																
177	Clinical Sec Work	09195			1																
178	Psychiatrist	09585			1																
179	Psychiatrist	09585			1																
180	Ment Hlth Svc Supt	91499			1																
181	Med Admin Supv	90670			1																
182	Ment Hlth Svc Tech	91470			1																
183	Ment Hlth Svc Spec	91450			1																
184	Ment Hlth Svc Spec	91450			1																
185	Ment Hlth Svc Spec	91450			1																
186	Ment Hlth Svc Spec	91450			1																
187	Apr Ment Hlth Svc Spec	91430			2																
188	Clinical Psych	09185			3																
189	Clinical Sec Work	09195			2																
190	Clerk Typist	70250			1																
191	Admin Spec Adm Mgmt	70250			1																
192	Admin Spec Adm Mgmt	70250			2																



1: File B:4  
 2: Department  
 3: Position Title  
 4: Unit Manpower Dec  
 5: Authorized: FY 86  
 6: AFSC  
 7: Off Enl Civ Off Enl Civ

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
193: Med Admin Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
194: Officer Total:	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
195: Enlisted Total:	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
196: Civilian Total:	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
197: Total:	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37
198: Occupational Therapy																					
199: Supervisor	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
200: Occupational Therapist	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
201: Occupational Ther Tech	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
202: Occupational Ther Tech	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
203: Occupational Ther Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
204: Apr Occupat Ther Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
205: Apr Occupat Ther Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
206: Officer Total:	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
207: Enlisted Total:	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
208: Civilian Total:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
209: Total:	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
210: Allergy/Immunization																					
211: Allergist	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
212: Research Immunologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
213: Med Lab Tech	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
214: Med Svc Tech All/Imm	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
215: Med Svc Spec All/Imm	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
216: Apr Med Svc Spec All/Imm	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
217: Med Svc Spec All/Imm	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
218: Clerk Typist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
219: Med Admin Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
220: Officer Total:	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
221: Enlisted Total:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
222: Civilian Total:	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
223: Total:	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
224: Emergency Medicine																					
225: Emer Physician	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
226: Emer Physician	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
227: Emer Physician	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
228: Emer Physician	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
229: Emer Physician	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
230: Supervisor	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
231: Clinical Nurse	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
232: Med Svc Tech	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
233: Med Svc Tech	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
234: Med Svc Tech	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
235: Med Svc Spec	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
236: Med Svc Spec	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
237: Med Svc Spec	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
238: Med Svc Spec	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2



File B:5	Unit Marpower Dec	FY 83	FY 83	FY 83	As of : 27 July 1985	Adjusted	Adjusted	Needs
Department	Authorized:	Authorized:	Authorized:	Authorized:	PRISM	PRISM	PRISM	Assessment
Position Title	Off Epl Civ	Off Epl Civ	Off Epl Civ	Off Epl Civ	Off Epl Civ	Off Epl Civ	Off Epl Civ	Off Epl Civ
8 Surgery								
9 Chief	1	1	1	1	1	1	1	1
10 Med Svc Tech								
11 Clerk Typist	1	1	1	1	1	1	1	1
12 Admin Spec Adm Mgmt	1	1	1	1	1	1	1	1
13 Apr Med Admin Spec	1	1	1	1	1	1	1	1
14 Officer Total:	3	3	3	3	3	3	3	3
15 Enlisted Total:	5	5	5	5	5	5	5	5
16 Civilian Total:								
17 Total:	8	8	8	8	8	8	8	8
18 Urology								
19 Supervisor	1	1	1	1	1	1	1	1
20 Urologist	1	1	1	1	1	1	1	1
21 Surg Svc Tech Urol	1	1	1	1	1	1	1	1
22 Surg Svc Spec Urol	1	1	1	1	1	1	1	1
23 Officer Total:	2	2	2	2	2	2	2	2
24 Enlisted Total:	2	2	2	2	2	2	2	2
25 Civilian Total:	4	4	4	4	4	4	4	4
26 Total:	6	6	6	6	6	6	6	6
27 General Surgery								
28 Supervisor	1	1	1	1	1	1	1	1
29 Surgeon Thoracic	1	1	1	1	1	1	1	1
30 Supervisor	1	1	1	1	1	1	1	1
31 Surg Peripher Vas	1	1	1	1	1	1	1	1
32 Surg Colon/Rectal	1	1	1	1	1	1	1	1
33 Surg Pediatric	1	1	1	1	1	1	1	1
34 Surgeon Neurological	1	1	1	1	1	1	1	1
35 Surgeon Neurological	1	1	1	1	1	1	1	1
36 Surgeon Plastic	1	1	1	1	1	1	1	1
37 Med Svc Tech	1	1	1	1	1	1	1	1
38 Med Svc Tech	1	1	1	1	1	1	1	1
39 Med Svc Spec	1	1	1	1	1	1	1	1
40 Med Svc Spec	1	1	1	1	1	1	1	1
41 Med Svc Spec	1	1	1	1	1	1	1	1
42 Apr Med Svc Spec	1	1	1	1	1	1	1	1
43 Apr Med Svc Spec	1	1	1	1	1	1	1	1
44 Apr Med Admin Spec	1	1	1	1	1	1	1	1
45 Officer Total:	8	8	8	8	8	8	8	8
46 Enlisted Total:	3	3	3	3	3	3	3	3
47 Civilian Total:	1	1	1	1	1	1	1	1
48 Total:	12	12	12	12	12	12	12	12
49 Ophthalmology/Optomtry								
50 Supervisor	1	1	1	1	1	1	1	1
51 Optometrist	1	1	1	1	1	1	1	1
52 Optometrist	1	1	1	1	1	1	1	1
53 Optometrist	1	1	1	1	1	1	1	1
54 Ophthalmologist	1	1	1	1	1	1	1	1



[illegible]

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
001	Med Svc Spec	90250			1	1		1	0		1			0	0			1			1	
002	Med Admin Spec	90650			1	1		1	0		1			1	0			1			1	
003	Officer Total:				10	10								10				11			13	
004	Enlisted Total:				12	13								13				13			18	
005	Civilian Total:				3	3								3				3			3	
006	Total:				25	26			9					26	10			27			34	
007	Orthopedics																					
008	Chief	09485	1		1	1			1		1			1	1				1		1	
009	Orthopedic Surgeon	09486	1		1	1			1		1			1	1				2		2	
010	Podiatrist	09275	1		1	1			2		2			2	2				1		1	
011	Orthopedic Surgeon	09486	1		1	1			1		1			1	1				1		1	
012	Orthopedic Surgeon	09486	1		1	1			1		1			1	1				1		1	
013	Ortho Surgeon - Hand	09486A	0		0	1			1		1			1	1				0		0	
014	Ortho Surgeon - Ped	09495B	0		0	0			1		1			1	1				0		0	
015	Surg Svc Tech Ortho	90272C	1		1	1			1		1			0	0				1		1	
016	Surg Svc Spec Ortho	90252C	1		1	1			0		1			0	0				1		1	
017	Apr Surg Svc Spec Ortho	90232C	1		1	1			0		1			0	0				3		3	
018	Surg Svc Spec Ortho	90252C	1		1	1			1		1			1	1				1		1	
019	Surg Svc Spec Ortho	90252C	1		1	1			0		1			0	0				1		1	
020	Med Admin Spec	90650	2		2	2			0		0			0	0				2		2	
021	Officer Total:				5	5			5		5			5	8				6		6	
022	Enlisted Total:				3	3			3		3			3	3				3		3	
023	Civilian Total:				4	4			4		4			4	4				4		4	
024	Total:				12	12			8		15			3	15				15		15	
025	Orthopedic Appliance																					
026	Orthotic Specialist	91950	1		1	1			0		1			0	0				1		1	
027	Orthotic Technician	91970	1		1	1			0		1			0	0				1		1	
028	Orthotic Specialist	91950	1		1	1			0		1			0	0				1		1	
029	Med Admin Spec	90650	1		1	1			0		1			0	0				1		1	
030	Officer Total:				0	0			0		0			0	0				0		0	
031	Enlisted - total:				1	1			1		1			1	1				1		1	
032	Civilian Total:				3	3			3		3			3	3				3		3	
033	Total:																					

1: File B:5  
2: Unit Manpower Dcc  
3: Department  
4: Position Title  
5: As of : 27 July 1985  
6: Adjusted  
7: Off Enl Civ Off Enl Civ

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
147: Operating Room Nurse	09735	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
148: Operating Room Nurse	09736	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
149: Operating Room Nurse	09736	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
150: Nurse Anesthetist	09746	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
151: Nurse Anesthetist	09746	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
152: Nurse Anesthetist	09746	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
153: Nurse Anesthetist	09746	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
154: Nurse Anesthetist	09746	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
155: Nurse Anesthetist	09746	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
156: Nurse Anesthetist	09746	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
157: Operating Room Nurse	09735	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
158: Operating Room Nurse	09736	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
159: Operating Room Nurse	09736	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
160: Operating Room Nurse	09736	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
161: Nurse Anesthetist	09746	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
162: Nurse Anesthetist	09746	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
163: Clinical Nurse	09756	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
164: Clinical Nurse	09756	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
165: Med Svc Supt	90299	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
166: Surg Svc Tech	90272	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
167: Surg Svc Tech	90272	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
168: Surg Svc Tech	90272	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
169: Surg Svc Tech	90272	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
170: Surg Svc Tech	90272	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
171: Surg Svc Spec	90252	7	3	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
172: Surg Svc Spec	90252	2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
173: Surg Svc Spec	90252	4	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
174: Apr Surg Svc Spec	90232	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
175: Apr Surg Svc Spec	90232	4	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
176: Apr Surg Svc Spec	90232	3	3	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
177: Apr Surg Svc Spec	90232	2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
178: Clinical Nurse	09756	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
179: Surg Svc Spec	90252	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
180: Med Admin Spec	90650	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
181: Officer Total:		27	29	29	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
182: Enlisted Total:		29	30	30	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
183: Civilian Total:		3	3	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
184: Total:		59	62	62	62	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
185: Central Sterile Supply																				
186: Surgical Svc Tech	90272	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
187: Surgical Svc Tech	90272	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
188: Surgical Svc Spec	90252	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
189: Apr Surgical Svc Spec	90232	2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
190: Officer Total:		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
191: Enlisted Total:		3	3	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
192: Civilian Total:		2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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1: File B:5
2:
3: Department
4: Position
5:
6:
7:

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
3) Total:					5			5		0			5								5
4) Family Practice																					
5) Gen Practice Physician		09326		1		1				1		1		1		1				1	
6) Gen Practice Physician		09326		1		1			0	1		1		8		8				1	
7) Family Physician		09346		1		1			2	2		2		3		3				1	
8) Supervisor		09716		1		1			0	1		1		0		1				1	
9) Physician Assistant		09295		1		1			1	1		1		1		1				1	

[illegible]

NAME	DATE	TIME	LOCATION	REMARKS
Gen Practitioner	09325	0	0	0
Gen Practitioner	09326	0	0	0
Gen Practitioner	09327	0	0	0
Gen Practitioner	09328	0	0	0
Gen Practitioner	09329	0	0	0
Gen Practitioner	09330	0	0	0
Gen Practitioner	09331	0	0	0
Gen Practitioner	09332	0	0	0
Gen Practitioner	09333	0	0	0
Gen Practitioner	09334	0	0	0
Gen Practitioner	09335	0	0	0
Gen Practitioner	09336	0	0	0
Gen Practitioner	09337	0	0	0
Gen Practitioner	09338	0	0	0
Gen Practitioner	09339	0	0	0
Gen Practitioner	09340	0	0	0
Gen Practitioner	09341	0	0	0
Gen Practitioner	09342	0	0	0
Gen Practitioner	09343	0	0	0
Gen Practitioner	09344	0	0	0
Gen Practitioner	09345	0	0	0
Gen Practitioner	09346	0	0	0
Gen Practitioner	09347	0	0	0
Gen Practitioner	09348	0	0	0
Gen Practitioner	09349	0	0	0
Gen Practitioner	09350	0	0	0
Gen Practitioner	09351	0	0	0
Gen Practitioner	09352	0	0	0
Gen Practitioner	09353	0	0	0
Gen Practitioner	09354	0	0	0
Gen Practitioner	09355	0	0	0
Gen Practitioner	09356	0	0	0
Gen Practitioner	09357	0	0	0
Gen Practitioner	09358	0	0	0
Gen Practitioner	09359	0	0	0
Gen Practitioner	09360	0	0	0
Gen Practitioner	09361	0	0	0
Gen Practitioner	09362	0	0	0
Gen Practitioner	09363	0	0	0
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Gen Practitioner	09365	0	0	0
Gen Practitioner	09366	0	0	0
Gen Practitioner	09367	0	0	0
Gen Practitioner	09368	0	0	0
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Gen Practitioner	09373	0	0	0
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Gen Practitioner	09375	0	0	0
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Gen Practitioner	09378	0	0	0
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Gen Practitioner	09396	0	0	0
Gen Practitioner	09397	0	0	0
Gen Practitioner	09398	0	0	0
Gen Practitioner	09399	0	0	0
Gen Practitioner	09400	0	0	0

[illegible]

Country	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377</
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31	TOTAL:	134	195	58	203	79	213	215
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524
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File B:6	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Department	Unit Manpower Doc	FY 85	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88	FY 88
Position Title	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:	Authorized:
AFSC	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ	Off Enl Civ
147: Apr Dental Asst Spec	98130	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
148: Dental Technician	98170	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
149: Med Admin Spec	90650	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
150: Med Admin Spec	90650	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
151: Dental Asst Spec	98150	6	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
152: Med Admin Spec	90650	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
153: Med Admin Spec	90650	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
154: Dental Asst Spec	98150	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
155: Officer total:		20	22																		
156: Enlisted total:		37	37																		
157: Civilian total:		13	13																		
158: Total:		70	72																		
159: Base Dental Lab																					
160: Dental Lab Tech	93270	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
161: Dental Lab Spec	98250	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
162: Dental Lab Spec	98250	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
163: Dental Lab Spec	98250	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
164: Apr Dental Lab Spec	98230	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
165: Apr Dental Lab Spec	98230	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
166: Dental Lab Tech	93270	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
167: Officer total:		0	0																		
168: Enlisted total:		7	7																		
169: Civilian total:		1	1																		
170: Total:		8	8																		
171: Physl Training																					
172: Chief	09166	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
173: Air Ops Ger Phys Spt	01495A	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
174: Aeroc Physiologist	09166	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
175: Aeroc Physic Supt	91190	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
176: Aeroc Physio Supt	91170	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
177: Aeroc Physic Spec	91150	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
178: Aeroc Physic Spec	91150	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
179: Aeroc Physic Spec	91150	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
180: Apr Aeroc Physic Spec	91130	5	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
181: Apr Aeroc Physic Spec	91130	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
182: Clerk Sterographic	90650	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
183: Officer total:		3	3																		
184: Enlisted total:		14	14																		
185: Civilian total:		1	1																		
186: Total:		18	18																		
187: SUB-GRAND TOTAL																					
188: OFFICER TOTAL:		41	43																		
189: ENLISTED TOTAL:		102	104																		
190: CIVILIAN TOTAL:		51	51																		
191: TOTAL:		194	198																		
192: TOTAL:																					

A		B		C		D		E		F		G		H		I		J		K		L		M		N		O		P		Q		R		S		T		U	
File B:7		Unit Manpower Doc		FY 86		FY 88		FY 88		FY 88		FY 88		FY 88		FY 88		FY 88		FY 88		FY 88		FY 88		FY 88		FY 88		FY 88		FY 88		FY 88		FY 88		FY 88		FY 88	
Department		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:		Authorized:	
Position Title		AFSC		Off		Off		Off		Off		Off		Off		Off		Off		Off		Off		Off		Off		Off		Off		Off		Off		Off		Off		Off	
		Enl Civ		Off		Enl Civ		Off		Enl Civ		Off		Enl Civ		Off		Enl Civ		Off		Enl Civ		Off		Enl Civ		Off		Enl Civ		Off		Enl Civ		Off		Enl Civ			
8	Professional Technical Training																																								
9	Intern Hematology	09335H	1			1																																			
10	Health Serv Admin	09025																																							
11	Librarian	90670																																							
12	Med Admin Spec	75172																																							
13	Training Technician	70250																																							
14	Admin Spec Adm Mgmt																																								
15	Officer total:																																								
16	Civilian total:																																								
17	Total:																																								
18	Audio Visual Photography																																								
19	Graphics Technician	23171																																							
20	Still Photo Tech	23172																																							
21	Med Admin Spec	90650																																							
22	TV Tech	23172																																							
23	Enlisted total:																																								
24	Civilian total:																																								
25	Total:																																								
26	Residents																																								
27	Pediatrician	09366	1																																						
28	Pediatrician	09366																																							
29	Pediatrician	09366																																							
30	Pediatrician	09366																																							
31	Pediatrician	09366																																							
32	Pediatrician	09366																																							
33	Pediatrician	09366																																							
34	Pediatrician	09366																																							
35	Pediatrician	09366																																							
36	Pediatrician	09366																																							
37	Pediatrician	09366																																							
38	Pediatrician	09366																																							
39	Pediatrician	09366																																							
40	Internist	09385																																							
41	Internist	09385																																							
42	Internist	09385																																							
43	Internist	09385																																							
44	Internist	09385																																							
45	Internist	09385																																							
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50	Internist	09385																																							
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52	Internist	09385																																							
53	Internist	09385																																							
54	Internist	09385																																							

[illegible]

1: File B:7  
2: Department  
3: Position Title  
4: Authorized: FY 88 PRISM IPRISM I FY 88 PRISM III PRISM III  
5: AFSC Off Enl Civ Off Enl Civ  
6: Unit Manpower Doc  
7: Adjusted FY 88 PRISM IPRISM I FY 88 PRISM III PRISM III  
Needs Assessment Survey

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
101: Psychiatrist	09586	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
102: Psychiatrist	09586	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
103: Psychiatrist	09586	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
104: Psychiatrist	09586	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
105: Officer Total:		78	78	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
106: Total		78	78	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
107: Interns																					
108: Clinical Psych	09186	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
109: Clinical Psych	09186	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
110: Clinical Psych	09186	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
111: Clinical Psych	09186	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
112: Clinical Psych	09186	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
113: Clinical Psych	09186	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
114: Phys Asst Orthopedic	09285A	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
115: Dental Officer, Gen	J09826	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
116: Dental Officer, Gen	J09826	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
117: Dental Officer, Gen	J09826	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
118: Dental Officer, Gen	J09826	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
119: Clinical Nurse	09756	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
120: Clinical Nurse	09756	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
121: Clinical Nurse	09756	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
122: Clinical Nurse	09756	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
123: Officer total:		15	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
124: Total:		15	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
125: SUB-TOTAL		94	94	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
126: OFFICER TOTAL:		94	94	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
127: ENLISTED TOTAL:		1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
128: CIVILIAN TOTAL:		8	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
129: TOTAL:		103	103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
130: OFFICERS		28	27	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
131: From File B:1		38	38	12	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
132: From File B:2		141	158	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
133: From File B:3		70	71	62	62	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
134: From File B:4		78	81	69	69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
135: From File B:5		41	43	17	17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
136: From File B:6		94	94	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
137: From File B:7		490	512	159	159	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
138: Total:		96	98	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
139: ENLISTED		82	84	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
140: From File B:1		145	146	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
141: From File B:2		101	104	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
142: From File B:3		31	89	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
143: From File B:4		102	104	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
144: From File B:5																					
145: From File B:6																					
146: From File B:7																					

1: File B:7  
2: Department  
3: Position Title  
4: AFSC  
5: Off  
6: Enl Civ  
7: Off Enl Civ

147: From File B:7  
148: Total:  
149: CIVILIANS  
150: From File B:1  
151: From File B:2  
152: From File B:3  
153: From File B:4  
154: From File B:5  
155: From File B:6  
156: From File B:7  
157: Total:  
158: GRAND TOTAL:  
159: % Incr over FY 86:

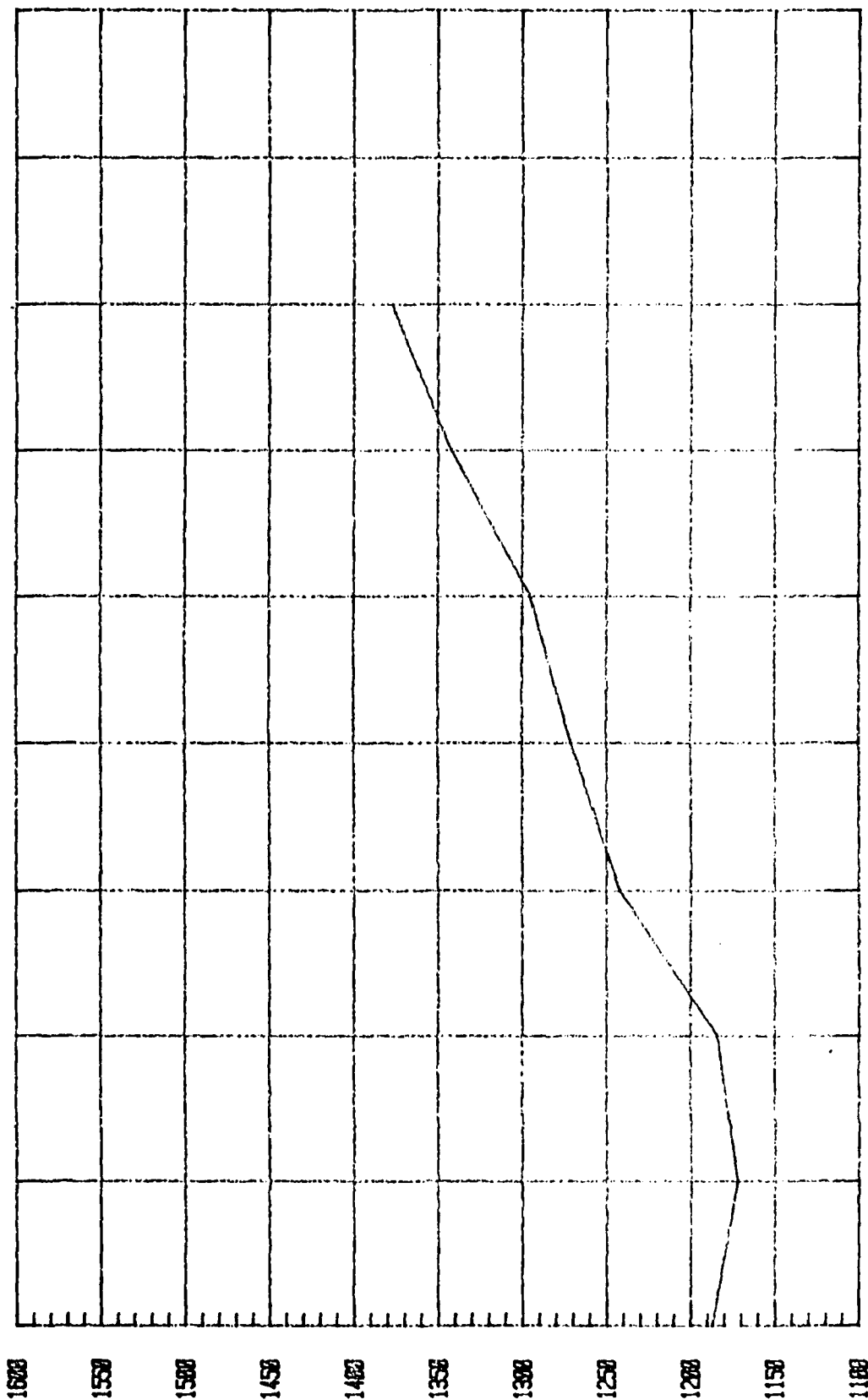
APPENDIX H



# USAF Medical Center, Wright-Patterson

Authorized Manpower - Linear Program

AUTHORIZED MANNING




FISCAL YEAR

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## ABSTRACT

All aspects of the health care industry are feeling the effects of competition for limited dollars needed to deliver quality care. The Air Force health care delivery system, just as the private sector, is finding itself challenged to deliver quality health care with the minimum human resources necessary to deliver such services.

A study was conducted to determine the future staffing requirements for the USAF Medical Center, Wright-Patterson, once a \$113 million-plus medical military construction project (MCP) was completed. The MCP was started in 1982, yet no significant manpower planning actions had taken place to ascertain the human resource requirements for operating the Medical Center once construction was completed. The MCP represented a meaningful enhancement to this tertiary care facility by renovating, altering, and expanding the physical structure and associated technology appropriate for the comprehensive health care delivered in today's military medical facilities.

In view of DOD, congressional, and local management concerns for medical facility staffing, this study was commissioned to ascertain what changes, if any, were needed to the staff at Wright-Patterson. Present and future manpower methodologies for the USAF Medical Service did not address the growth of manpower requirements driven by major construction projects. Consequently, a needs assessment survey was conducted

with the departments and directorates operating at the USAF Medical Center, Wright-Patterson. This survey combined the validity of historical manpower standards with the professional judgment of the local staff in developing future staffing requirements. This study determined that the Wright-Patterson Medical Center's manpower requirements would grow by 207 positions in 1988, reaching a total requirement of 1652 positions.

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